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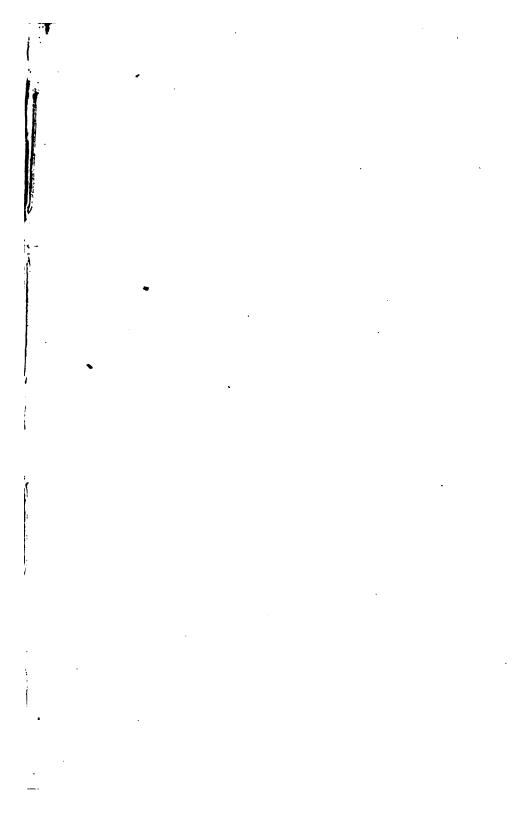
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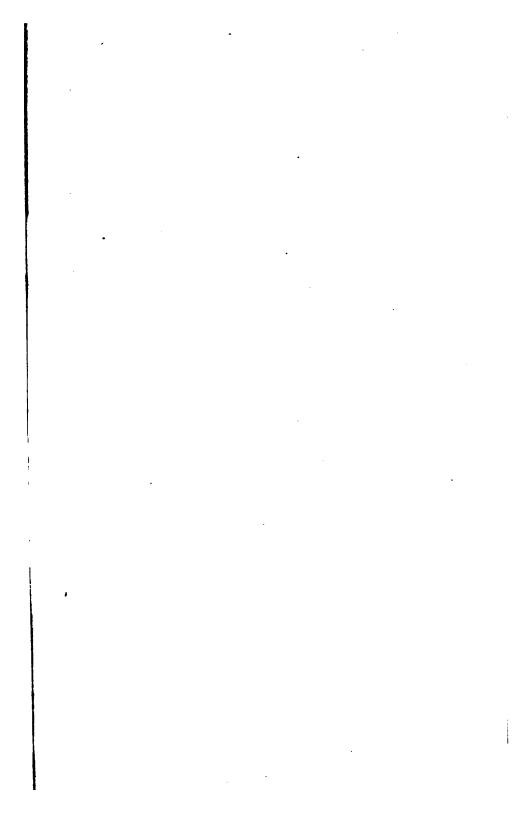
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GEORGIA

Medical and Surgical

ENCYCLOPEDIA.

EDITED BY

HORATIO N. HOLLIFIELD, M. D.,

AND

TOM W. NEWSOME, M. D.



Lege totum, si vis scire totum.

VOL. I.

MAY, 1860.

NO. I.

SANDERSVILLE, GEORGIA:
PRINTED BY J. M. G. MEDLOCK, MASONIC HALL BUILDING.
1860.

PUBLISHED MONTHLY.

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GEORGIA

Medical and Surgical Encyclopedia.

VOL. I.]

MAY, 1860.

[NO. 1.

ORIGINAL COMMUNICATIONS.

VACCINATION.

BY HORATIO N. HOLLIFIELD, M. D., SANDERSVILLE, GA.

Near the close of the last century, it was considered that all mankind, at some period of their lives, must necessarily be affected with that loathsome disease known as smallpox, which was the terror of all—its ravages being fearful, and its results terribly fatal. It was at the time when this much dreaded disease was slaying its thousands, and depopulating towns and villages, that the great and immortal Edward Jenner gave to the world the result of his investigations in reference to the cow-pox as a preventive of this terrible scourge, and boldly announced, in seventeen hundred and ninety-eight, his discovery to the members of the medical profession, as a fixed fact.

The mind of Jenner was first directed to the investigation of this subject from a remark made in his hearing, by a young woman from the country, while he was yet an apprentice. Small-pox being spoken of in her presence, she observed, "I cannot take that disease, for I have had cow-pox." This simple statement of the girl made such a deep impression upon his mind that it was never effaced. It caused him, after he had commenced the practice of medicine, to investigate the subject thoroughly; to inquire fully into all the facts connected with it that came to his knowledge; to examine it in all its bearings; to scrutinize it in all its varied relations; and to experiment to such an extent as at last to become fully satisfied with the result of

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his labors, and to know that he had robbed small-pox of more than half its terrors. His discovery of a truth of such high pathological importance, and at the same time of such immease benefit to the human race, was at first ridiculed by many. But, as time proved its worth, and experience its value, it was not long before it met with the commendation of the first men of the day, and the approving judgment of the most learned men of the medical profession.

Dr. Jenner commenced his investigations, while quite a young man, in seventeen hundred and seventy-five. After twenty-three years of hard study, careful research and incessant inquiry, he gave the result of his examinations and experiments to the world; and so highly was it thought of in the kingdom of Great Britain, that, in eighteen hundred and seven, it had surmounted all obstacles, and Parliament, as a reward for his labors, voted him the sum of twenty thousand pounds sterling. He died of apoplexy, on the twenty-sixth day of January, eighteen hundred and twenty-three. The last words of this eminent physician were, "I do not marvel that men are grateful to me, but I am surprised that they do not feel gratitude to God for making me a medium of good."

The following very beautiful and appropriate lines are engraved upon his monument:

"Within this tomb hath found a resting place,
The great Physician of the human race;
Immortal Jenner, whose gigantic mind
Brought life and health to more than half mankind.
Let rescued infancy his worth proclaim,
And lisp out blessings on his honored name;
And radiant beauty drop her saddest tear,
For beauty's truest, trustiest friend lies here."

The vaccine disease was introduced into the United States by Dr. William Yates, who died in New York State, in eighteen hundred and fifty-seven, at the konorable age of ninety years. He studied under Sir James Earl, in St. Bartholomew's Hospital, and attended the first course of lectures delivered by the celebrated Abernethy. Vaccina-

tion—or, as its name implies, kine-pox—was first discovered in the cow, where it appears upon the teat in the form of a small vesicle. It is introduced into the human system by inoculation, and produces umbilicated vesicles. It is now in universal use throughout the globe, as a preventive of small-pox.

When the operation of vaccination has been successfully performed, there is an inflammatory action set up at the points of incision, and on the third day an elevation is to be felt or seen at the place of puncture. On the fifth day a vesiele is formed containing lymph, with a depressed center and elevated edges. The areola is visible the next day; on the eighth the vesicle is distended with clear lymph; and on the tenth day, the disease is at its highth. The vesicle is of a light gray or pearl color, looks very much like the pustule of small-pox, and is about one-third of an inch in diameter, while the areola is much larger. After this the vesicle bursts, the areola commences to diminish, a scab is formed in the center, and appears to be surrounded by one or two concentric rings. The lymph which remains becomes opaque; the scab increases in size, and matures about the twenty-first day, when it is thrown off, leaving a cicatrix which is peculiar to the vaccine disease itself; the edges appear ragged, and the center is depressed, pitted and striated. These marks of vaccination never become effaced in after life.

There appears to be a great difference in individuals in reference to their susceptibility to this disease. In the majority of cases we have some constitutional symptoms, such as fever about the eighth or tenth day, an enlargement of the glands in the axilla, and sometimes a slight cruption is to be seen; while in other cases the disease runs its course, and no constitutional symptoms are complained of by the patient.

Re-vaccination has been, by some, highly recommended. But when we vaccinate a patient a second time, after the lapse of three or four years from the time that the disease has run its course, in many cases there is no effect produced whatever. The punctured places refuse to inflame. Where a longer period has elapsed, the virus may irritate, locally; the patient have an irritative fever; the scab form and come away, leaving, however, a cicatrix wholly unlike that which characterizes the disease. In others, a scab may form without any irritation, either local or constitutional, and the virus from these scabs will be found incapable of propagating the disease. In a few cases, however, vaccination may run its regular course, and the matter retain its power of propagation.

In those cases where the matter fails to affect the patient, he would, under all circumstances, effectually resist the infection of small-pox, even if endeavored to be introduced into the system by means of inoculation—as was satisfactorily proved by Dr. Jenner on many different occasions—while we are constrained to believe that those in whom the vaccine disease run its course the second time, would, under some circumstances, have been affected with the disease. But even in these cases, it would differ greatly from the disease, as it would appear in those who had never been vaccinated; and in place of being a severe and terrible disorder, it would be so modified as to be, generally, very mild and tractable.

It has been stated by the distinguished physician, M. Levret, from his own observation of between "seventeen hundred and eighteen hundred cases of small-pox occurring in his own private practice, and in the hospitals, that cases of a second attack were equally as numerous, in proportion, as attacks of the disease after vaccination."

The mortality in small-pox of those not vaccinated, is laid down at one in eight; after vaccination, one in sixty. So that, admitting, as some assert, that cases do occur after vaccination, yet the disease is so modified as to make it very mild, and to render it less fatal; thus showing conclusively the immense importance of the discovery, in a pathological point of view, and the great benefit which may be derived from it by the human race.

The Necessity of a Constant Change of Air and Food for the normal maintenance of the Animal Functions

BY TOM W. NEWSOME, M. D., SANDERSVILLE, GEORGIA.

The wisdom of nature is made manifest in all her works, but not more so in any of its operations than in the process by which life is sustained in the animal body. Though this subject has engaged the life-long labors of many of the ablest minds the medical world has yet produced, it still furnishes a vast and varied field for investigation.

That the blood is the source of all nutrition and growth, has been a settled question since the days of the immortal Harvey; and the elements which we receive into the stomach to support nature, are only subservient to this purpose so far as it contains in its composition the elements which constitute the blood, and enable it to perform its several functions relative to the increase and maintenance of the animal body. Notwithstanding the various parts of nature contribute to our support, they no less furnish a means of our destruction. The air in which we breathe, as well as our food, conduces to the impurities of the blood by being constantly composed of heterogeneous particles from animal, vegetable and mineral substances, which, being received into the blood by means of the lungs, minister as much to its corruption as the vital air to its purity.

From accurate chemical investigation, the blood is composed of a proper combination of water, albumen, fibring erystallizable fatty matter, extractive matter, oily matter, albumen combined with soda, chlorides of sodium and potassium, alkali and phosphates, sulphates and subcarbonates lime, magnesia and iron; and when any of these elements are increased beyond their due and natural proportion, or by any means decreased, the blood becomes impure, and, as a natural result, lays the foundation for disease. For instance, animal food in general contains great quantities of those elements which form their basis, with the vital air and nitrous acid—especially salted and dried meats; for though the salt prevents the entire decomposition of the fleshy substance by putrefaction, yet

part of it will be decomposed and rendered corrupt, which corruption, entering after digestion into the chyle and meeting the vital air from the lungs, will, in part, be converted into nitrous acid. The effects of this acid are known to be dreadful. It dissolves the fibrous parts of the blood, and, in consequence, prevents it from replenishing the several parts of the body with new material necessary for its support.

Vegetables, too, when taken alone, are known to be quite as pernicious in furnishing to the blood an excess of alkali, which increases the fluidity, destroys its tenacity, and prevents fibrication. Scurvy is sometimes the result of this diet, and should be corrected with animal food and common salt. Thus we see a composition of animal and vegetable food is absolutely necessary to the good and wholesome nourishment of the animal frame; and among the various compounds which may be applied to this purpose, milk seems to be designed by nature as the most salubrious, as it consists in its composition of animal, vegetable and mineral salts, which, being properly blended in the lacteal ducts, is the best fibricator of the animal solids. But it is not less from drink, than meats, or vegetables alone, that the blood is rendered impure. The habitual and inordinate use of alcoholic stimulants, as rum, brandy, whisky, etc., is the cause of many serious affections, not only of the blood and nervous centres, but of the digestive organs. Every one knows that dyspepsia, hypochondriasis, visceral obstructions, dropsy, paralysis, and not unfrequently mania, are, in many cases, the results of its use.

The air which we breathe, as we have intimated, also furnishes a means of our destruction. It being nicely composed of a nearly uniform proportion of oxygen and nitrogen, an extremely small quantity of carbonic acid gas and watery vapor, any derangement of these constituents, either in its excess or diminution, must necessarily in a measure affect the animal economy.

As it is a fact well known to most individuals, that the same air repeatedly respired—in consequence of being

deprived of its oxygen, and the great amount of carbonic acid evolved (being thirty cubic inches to the minute) becomes deleterious, the necessity of a constant supply of fresh air must be obvious. Even from too long residence in one species of air the blood becomes saturated with its predominant salts; and as the salutary effects of air depend, in a great degree, upon local circumstances, and in none more than the soil of the country, a knowledge of geology, in determining upon the locality which is productive of the most salubrious atmosphere, we do not think entirely dispensable. Mixed soils, like mixed aliments, it seems, are proper to the support of both animal and vegetable creation, as it requires a due proportion of calcar silex and argil to the vegetable product. If these statements be true, the fact must be obvious, that a constant change of air and food is necessary to the normal maintenance of the animal functions.

MERCURY.

BY HORATIO N. HOLLIFIELD, M. D., SANDERSVILLE, GA.

Mercury is a metallic element, found in nature in a pure state in the form of small globules; also in combination with silver, and as a protochloride, or native calomel. This form, however, is quite rare. The most abundant ore from which this metal is obtained is the bisulphuret or native cinnabar, and is procured by distilling it with quick lime or iron, or with both.

The word mercury is derived from the Greek uros, water, and argos, silver, from the fluid state and silvery appearance of the metal when pure. It was termed quick-silver by the alchemists, who regarded it as silver in a liquid form quickened by some coherent principle which they hoped to be able either to fix or to repel. Its color is that of a bluish white, with a high degree of metallic luster, and solidifies at a temperature of about forty degrees below zero, of Fahrenheit's scale. In this condition it is soft and malleable. When subjected to a heat of six hun-

dred and sixty-two degrees, it boils and yields a very heavy, dense and colorless vapor. The officinal name for mercury is Hydrargyrum; its symbol Hg.; and its chemical equivalent or atomic weight on the hydrogen scale is two hundred and two. Its specific gravity at common temperatures is thirteen and a half; when solidified or frozen, it is fifteen.

The principal mines from which this metal is obtained are those of Almaden, near Cordova, in Spain; of Guanco Velica, near Potosi, in Peru; from Idria, Carenthia, and the Palatinate. There is also another very productive mine in the upper portion of California, which was discovered in eighteen hundred and forty-four. The greater part of the mercury used in this country is imported, and is sent here in wrought iron bottles, each containing near seventy pounds. A large proportion of it is used in the arts in the manufacture of looking glasses, thermometers, barometers, It also enters into the composition of many of our pharmaceutical preparations. One of the best indications of the purity of this article is, that it will undergo no change when exposed to the action of air or water. It will always retain its silver-white color, brilliancy and perfect fluidity; for when it contains any impurities, such as tin, lead, or bismuth, even in minute quantities, it will soon tarnish, will not form perfect globules, and when made to roll over white paper leaves a trace behind. When pure sulphuric acid is agitated with pure mercury, at an ordinary temperature, and evaporated, it will, according to Professor Dunglison, leave no residue.

If we mix equal portions of water and acetic acid with mercury, and then add a solution of iodide of potassa, we shall have a yellow precipitate; or, if we test it with soda, we will have a white precipitate, if there be any lead contained in the mercury. The presence of bismuth is discovered by dropping a nitric solution of mercury into distilled water, which will cause the sub-nitrate of bismuth to precipitate. The solubility of the metal in nitric acid shows that tin is not present. At common temperatures,

mercury exposed to the action of the atmosphere, is unalterable; but when heated to near its boiling point, it absorbs oxygen and is converted into a crystallizable dark red powder—the deutoxide—which is its highest oxide. At the point of ebullition, however, it parts with its oxygen and is again reduced to a metallic state. Hydrochloric and dilute sulphuric acids have no effect upon it; but when the latter is concentrated and boiling hot, it oxydizes the metal and converts it into the sulphate of the red oxide, with sulphuric acid evolved. Dilute nitric acid dissolves mercury freely.

The combinations of this metallic element are quite numerous. It forms two chlorides, one cyanuret, three iodides, two oxides, and two sulphurets; most of which are officinal, and enter into the composition of various very important medicines. Mercury, in an uncombined or pure state, has no effect upon the system. It has, however, been used in obstinate cases of constipation of the bowels, in consequence of the prevailing idea that its great weight and penetrating properties would cause it to force a passage. This opinion has been proved to be a very erroneous By many it is thought that mercury, taken into the system in a metallic state, is acted upon by the acids of the stomach, and by them becomes oxydized. If this is the case, (which I am inclined to believe), it will then exert its influence upon the animal economy as an oxide. The effect of this medicine (mercury) is that of a universal stimulant, varying in accordance with the nature, quantity of the dose, and mode of exhibition of the preparation selected.

In regard to its modus operandi much difference of opinion prevails, even at the present day. It is, no doubt, capable of being absorbed into the blood, and by it diffused through the whole body; carried into all the organs, and occasionally deposited in various textures. It acts with great power upon the liver, and also the salivatory glands. It possesses the power of singularly stimulating the absorbent system, thus causing dropsical accumulations to diminish, occasioning the removal of glandular indurations, and, no

doubt, acting as an alterative, succeeds in curing disease by subverting the diseased action and substituting its own. It is universally acknowledged to exert a salutary effect as an alterative, without affecting the mouth, in all cases of functional derangement of the digestive organs. The alvine discharges, if unhealthy in color and appearance, are by it restored to their natural hue.

As Sialogogues, the mercurials stand pre-eminent; but when administered as such, the greatest attention should be paid to its effect upon the mouth and the secretions. first effect of the mercury experienced by the patient, is a peculiar metallic taste in the mouth, immediately followed by tumefaction and redness of the gums, increased moisture, swelling and tenderness of the glands, the odor of the breath becomes disagreeable, the flow of saliva greatly augmented. If proper attention be now paid to the management of the patient-to his clothing, diet, and the ventilation of his room—these symptoms may be kept up for a length of time. But if we are careless or incautious, and still continue to administer the medicine in the same doses, then the effects will go on increasing, the flow of saliva become very great, tumefaction of the gums, tongue, and parts adjacent will follow, attended with great difficulty in deglutition; and in a short time these parts may become ulcerated and slough out, and the teeth loosen, which indicates a very peculiar and alarming affection of the system. In this enlightened age, however, the intelligent practitioner is but rarely, if ever, called upon to push this remedy to such an extent. The effects of excessive ptyalism are never witnessed, except in neglected cases, or in some peculiar state of the constitution, or idiosyncrasy; for when we succeed in affecting the mouth and increasing the flow of saliva to a certain extent, then we have attained the full effect of a mercurial course with perfect safety.

Mercury has sometimes such an effect upon certain persons, who work with it or use it, as to produce a disease which requires special attention, and which is, in fact, the result of the use of mercury in some form. It has been

termed Erythema, Eczema Mercuriales, Hydrargia, and Lepra Mercurialis, by various writers. It consists of a vesicular eruption of minute vesicles, making the parts rough, and terminating in desquamation. Some few of these cases are reported to have terminated fatally.

In some constitutions mercury induces a peculiar dysenteric affection, attended at times with tenesmus, quick, feeble pulse, and occasionally with symptoms of typhoid fever and ulceration of the intestines. In fact, some constitutions will not admit of the administration of any preparation of mercury, whatever. In many cases of febrile disease it may be usefully employed; and in a number of the syphilitic affections it has been looked upon as almost a specific. Before prescribing mercury, we should take into consideration all the circumstances which would modify the effect of the medicine; such as the age of the patient, his habits, the climate, and the causes, seat and period of the disease. It is almost a matter of impossibility to produce ptyalism in a child three years old or under; but after this age they are very susceptible to the action of the medicine. Children under three years are, however, sometimes salivated, but such cases are indeed rare. When a child so young is constitutionally affected by mercury, it acts upon it more strongly and with a greater degree of uncertainty than upon an adult, sometimes even causing death. Sloughing of the gums and cheeks, with general prostration, are, in such cases, common occurrences. The effect of this medicine upon the system, in producing salivation, is to be greatly deplored, as it weakens and irritates without any benefit. It, however, always induces a new action, when administered to such an extent as to produce constitutional symptoms of this character.

Among a large class of people there has arisen an unfortunate prejudice against the use of cold water after the administration of a dose of calomel. This refusal of one of the best febrifuges which we possess, causes, at times, much harm, and sometimes even an aggravation of the disease. So far as my experience goes, in regard to the use of cold water to drink after the administration of a dose of calomel, I can safely say, that never yet have I seen any evil effect result from the use of it; on the contrary, I have always considered the use of it beneficial.

As a Eutrophic, mercury is useful in many obstinate cutaneous affections. By the use of the bi-chloride in small and oft-repeated doses, the eruptions will frequently disappear, and the parts be restored to a perfectly healthy condition.

"In congestion, and consequent remora of the circulation, so frequent in advanced stages of fever, in the gastro mucus membrane substances fail to produce their effect when applied to their surface. Patients in this state cannot be salivated. The mercurial medicines remain upon the surface to which they were applied."

Mercury has been found useful in destroying certain exostosis which are a true hypertrophy of the osseous tissue. The general therapeutical effect of mercury is to superinduce a new action in the secretory system, in which it always appears to act as a physical excitant.

In consequence of the many peculiar and physical properties possessed by mercury, it has excited the curiosity and attention of the medical profession for ages, and still continues to do so. With oxygen, it forms two oxides, one red and the other a gray, both of which are salifiable. "The red is the most permanent, and should be regarded as the protoxide in place of the gray, to which the name has been applied." The true constitution of these oxides are not, in the present state of our knowledge, correctly understood; nor will they be, until the isomorphous relations connecting mercury and other elements are better comprehended.

The protoxide of mercury (HgO.) is obtained from calomel digested in a solution of caustic alkali. It is ash-colored, and its composition is fully exemplified in this formulæ: Hg. Cl. and Ca. O—Hg. O (the protochloride) and Ca. Cl. given off. This preparation is not much used. The bichloride of mercury or corrosive sublimate, $(Hg. Cl_2)$

is a very active corrosive poison, and is obtained by boiling mercury with sulphuric acid until a dry, white mass is left. Rub with this the chloride of sodium and then sublime. This bichloride forms a white, dense, transparent, crystalline mass, the melting point of which is 509 degrees. It is dissolvable in ether or alcohol, and also in sixteen parts of cold, or three parts of hot water. The best antidote to this poison is albumen—the white of one egg being able to counteract the effect of four grains of corrosive sublimate.

The protochloride of mercury, (Hydrargyrum Chloride Mite Hg. Cl.) may be made in a great variety of ways, one of which I give: HgO. SO.3 and Na. Cl—Hg. Cl. the calomel and NaO. SO3 the sulphate of soda is given off.

The tests of the presence of mercury are both general and special. In making a post-mortem examination it is sometimes necessary for us to examine the contents of the stomach of the subject, which should be dissolved, no matter how.

The best tests for corrosive sublimate are as follows: A bright copper plate dipped in a solution will be covered with a white metallic coat; the protochloride of tin will give us a black precipitate; the iodide of potassium will yield yellow precipitate; and ammonia a white precipitate, when added to a solution containing the bichloride of mercury. All these are positive proofs of its presence.

Sulphuret of mercury, (Hg. S.) commonly called vermillion, when subjected to a high degree of heat, will be converted into a metallic state. It is of a very beautiful red color, and resists the action of all the acids, even nitric acid, and the caustic alkalies; being attacked only by the Aqua Regia.

Hydrargyrum cum Creta (mercury with chalk), is an excellent preparation for increasing the biliary secretions in children, in cases of cholera, and in some cutaneous diseases.

The Pillulæ Hydrargyri of the USP is a very mild and convenient mercurial, every three grains of which contains one of mercury. When combined with rhubarb or aloes, it may be used with benefit in cases of torpidity of the

bowels. When administered in small doses it is an alterative; when taken in large doses it is a purgative. Sometimes it is used in eases of chronic dysentery; and other inflammations of the mucus membrane, of a chronic character.

Hydrargyrum Oxidum Rubrum (red precipitate), is of a bright red color, with a light cast of orange, and is often adulterated with red lead. This article is used externally only—in the form of a powder or an ointment—to old and indolent ulcers, which it stimulates to take on a healthy action.

Hydrargyri Chloridum Mite (mild chloride of mercury, or calomel). This article was first described therapeutically by Beguin, (of Europe, in sixteen hundred and eight), who called it Draco Mitigatus, in consequence of the bichloride being known to the alchemists under the name of Dragon. By some of the older pharmaceutical chemists calomel was called Aquila Alba, Panacea Mercurialis, and Sublimatum Dulce. It has been often used in combination with opium, (as an anti-syphilitic), when it salivates without purging.

As an Anthelmintic, it exerts no marked salutary effect, unless it be as a purgative. It is used as an alterative in chronic hepatitis, and in various glandular and cutaneous affections, as well as in epilepsy, tetanus and other disorders. In these cases it is generally combined with opium, to prevent its passing off, and in order to secure its full and speedy effect.

The Bichloride of Mercury (Hg. Cl₂ corrosive sublimate) when pure, is entirely volatile; if not so, it must contain some impurity. This preparation contains two parts of chlorine to one of mercury. The taste is not only metallic, but nauseous, aerid and astringent. It is obtained in imperfectly crystallized, white, semi-transparent masses, and is quite soluble in twenty parts of cold water. The addition of salt, however, greatly increases its solubility. Boiling water will take up one-third of its weight.

This preparation, if used incautiously, is a dangerous one, being a powerful poison; and is apt to bring on dys-

peptic symptoms, diarrhea, &c. These symptoms may be prevented by using opium in combination with it. Formerly, it was much used in the treatment of venereal disease, but is not now often employed. The dose is from the sixteenth to the eighth of a grain. With cinchona, it is sometimes used as an alterative. When applied externally, it is a powerful stimulant; but its solubility permits it to be used in almost any state of dilution. The poisonous effects of this salt are to be seen on animals as well as upon man. When taken into the system in improper quantities, it corrodes the coats of the stomach, creates inflammation of the lungs, depressed action of the heart, and possibly inflammation of that organ. So says Dr. Christison. Its antidotes are albumen, the gluten of wheat, iron filings and milk. These are the principal, and most to be relied on.

Hydrargyrum Ammoniatum (white precipitate), is a neat preparation, and is useful, externally, for the destruction of vermin; which it does without much irritation of the skin. In the form of an ointment it is used for the same purposes, and for the cure of the itch, and herpetic eruptions.

Iodide of Mercury (protiedide). This must be kept in well-stopped bottles, excluded from the light. It is of a yellow color, which will sublime in red crystals upon the application of heat; and light being admitted to them they will blacken. The biniodide differs from the protiodide by having, as its name implies, double the amount of iodine contained in it, to the same amount of mercury, as the protiodide. Both of these preparations act as powerful alteratives; and are used in the treatment of scrofula, indolent tumors, and in the cure of syphilis in persons of a scrofulous diathesis. The dose of these medicines is from the one-tenth to the one-half of a grain-given either inpill or solution, two or three times a day. When used as an ointment, it is applied to ulcers, tumors, and swelled It promotes the action of the absorbent vessels of the parts. It is sometimes used as a stimulant to the nerves, on the opthalmic branch of the fifth for amurosis.

The ointment of the Nitrate of Mercury is used effica-

clously in many cutaneous diseases. The mercurial plaster is applied to glandular swellings and venereal buboes, and also over the region of the liver in cases of hepatic derangement.

The preparations of mercury already referred to, although not all, are among the principal and most important of those used in the practice of medicine, and should be thoroughly understood by every practitioner, before he has recourse to them in the treatment of disease.

The treatment of persons poisoned by the use of mercurial preparations, will vary with the cause and symptoms of the patient. The principal antidotes have been already referred to. The treatment of salivation, when very profuse, is quite easy—cool air, nourishing food and mild aperients being the leading remedies. Frequent doses of tartar emetic, so as to act upon the skin, have been recommended by Dr. Findlay, of Ohio; and the acetate of lead, in large doses, has been found to be of great benefit by Dr. Christison and Mr. Daniel.

The discovery of this article as a remedial agent is to be regarded as one of the greatest discoveries in medical science. It is, indeed, one of the Samsons of our Pharmacopœia, from the proper use of which, happy results will always be obtained, in the hands of the intelligent, prudent and careful physician, who loves his profession and takes an interest in the well-being of his patients.

Mercury, and all its preparations, are, indeed, valuable remedies, placed in the hands of the physician for the purpose of enabling him the better to contend against the many painful diseases to which mankind are subject. If used properly, it exerts upon the system an excellent salutary effect; but if it is used improperly or incautiously, and no attention be paid to the signs of the constitutional effects of the medicine, the most alarming symptoms may exhibit themselves. In many cases, in fact, mercury has to bear the blame of having done mischief, when the physician, on account of either carelessness or ignorance, is the one upon whom the ignominy should rest.

Sudden Death-Autopsy.

REPORTED BY JAMES R. SMITH, M. D., SANDERSVILLE, GA.

On the night of the 11th of April I was summoned in haste to visit a negro man, the property of General T. J. Warthen. I saw him in less than an hour after his seizure, and found him dead. The deceased was in the 45th year of his age, about six feet high, and remarkable for his extraordinary physical development; had always been unusually healthy, and was engaged during the day in getting tan-bark. He had walked more than a mile, after his day's work, in company with another negro and the overseer; and when within a few steps of his own door. while the overseer was looking at him, he suddenly fell. As he did not rise immediately the overseer went to him, and on attempting to assist him to rise he discovered that he was dead. A slight stertor, heard by one of the negroes, was all the sound made by him after his fall. Frictions upon the extremities and over the whole body had been perseveringly employed, and I found him covered with mustard. As there had been no appearance of resuscitation, and the body was cooling rapidly, having obtained permission to make an autopsy, I left him.

In company with Drs. Brantley, Turner, Cullens, Irwin, Hollifield and Newsome, I saw him the next day, fourteen hours after his decease. There was no appearance of injury, except a slight wound on the right side and lower edge of the inferior maxillary bone. This was superficial. The countenance was composed; abdomen distended with gas. Upon opening the chest we first directed our attention to the heart. This we found of normal size, with no appearance of disease. The lungs were then examined, and except a slight appearance of tuberculosis at one point, these presented no indication of disease. The liver and stomach were then removed. These we found healthy. the stemach containing about half a pint of a semi-fluid compound, seemingly of partially digested food. bowels, kidneys and Aorta presented no appearance of disease, and gave no clue to the cause of death.

An examination of the brain was then had, and the substance of this organ appeared to be in a perfectly normal state. About a tea-spoonful of serum was found in the left ventricle. No appearance of diseased action could be discovered; and incision into both the cerebrum and cerebellum not only revealed no congestion or inflammation, but these organs were regarded as presenting every appearance of most perfect health. Some doubts having arisen as to whether in the fall he might not have injured his neck, free incisions were made upon the cervical vertebræ, but these were found, also, to be uninjured.

What caused his death? Frankly, I answer, I do not know. Had no examination been made, I could have assigned several causes: Rupture of the heart; ossification and rupture of the Aorta; aneurism and rupture; congestion, or effusion upon the brain. But the unusually healthy appearance of every organ examined, leaves the cause of death as much in the dark as ever.

"Doctor," said an unsophisticated friend, who heard the result of our examination; "may not his death have been caused by his breath having stopped?" The questioner was in earnest, and perhaps he was right. He might have died from a "stoppage of breath;" but what stopped his breath? The stereotyped cause assigned by coroners' juries: "A visitation of God?" Quien sabe?

Pneumonia—Death—Autopsy.

BY TOM W. NEWSOME, M. D., SANDERSVILLE, GA.

About twelve o'clock on Friday, early in February last, I was called to see a Mr. J—n, aged about forty-five years, full plethoric habit, laboring under an attack of Pneumonia. On inquiry in reference to the patient, I learned he had been, for a year or more, and was then, affected with gonorrhose; and had been, for some time back, indulging very freely in alcoholic stimulants. The symptoms were as follows: Skin hot and dry; pulse one hundred and fifty; tongue coated brown, and red at the

tip and edges; cough troublesome, and aggravated by the least exertion; bowels constipated; pain in left side, very severe; great mental anxiety; flush of left cheek; lips livid; respiration quickened and difficult; slight expectoration, of a rusty character. Upon percussion, great dullness over left lung; and on auscultation without the stethoscope, the muco-crepitating rhonchus was well marked, and the sounds of the heart very distinct.

In conformity to the indications, I depleted freely, and applied a blister over the entire chest, which, owing to his disposition to exercise his own will, was kept on a short time with difficulty. I then administered Hydrargyri Chloride Mite in alterative doses, and ten grains of Dover's powder, to tranquillize the system, with a solution of Antimoni et potassæ tartras in one eighth grain doses, directing to be given every four hours. Before leaving for home, I again examined him—found the skin moist—his breathing less difficult—expectoration free; and, as he assured me, "much better."

Soon after I left, I learned that he removed the blister, which was replaced, and by him again removed. Aware of the imminent danger he was in, and the difficulty, too, there was in controlling him, I felt great solicitude as to the termination of his malady.

At about seven o'clock in the evening, I am informed, his symptoms became aggravated; it was with difficulty he breathed at all, and at about half-past eight he breathed his last. Notice of his death reached me early the following morning, and, in company with Dr. Hollifield, I repaired to his house, and for my own satisfaction and that of some of the friends of the deceased, I made a postmortem examination with the following results:

Autopsy eighteen hours after Death.—Upon opening the thoracic cavity hepatization of the left lung was found to be almost complete; and so adherent was the pluræ pulmonalis to the walls of the thorax as to require force to separate it. In the upper lobe of the left lung was found an abscess filled with purulent matter. The right lung was

much engorged, but no exudation. No tubercles were to be found in either lung. The heart was hypertrophied. Abdominal cavity. The liver was very much enlarged with fatty degenerations of the cells. Kidneys congested, but otherwise healthy. The other portions of the body were not examined. The hypertrophied state of the heart, and the diseased condition of the liver, were, no doubt, attributable to the intemperate habits of the deceased.

From the disclosures of our examination we feel confident that, even had the patient followed our directions, the disease had so far advanced when we saw him as to be entirely beyond medical relief.

Belladonna in Hooping-Cough.

Extract from a letter to the Editors, dated

BALTIMORE, April 12, 1860.

Another article has proved with me greatly beneficial in cases of hooping-cough. I refer to that remedy (the extract of Belladonna,) so highly recommended some years ago by Dr. Turnbull, I think, of Philadelphia. It will, in a majority of cases of this distressing and annoying affection, cut short the disease, and if the patient be careful, he will be entirely relieved from all symptoms of the malady in the course of ten or twelve days.

Whether my experience with this remedy will hold good in all cases of this character I am unable to say; but I have used it in many cases in my practice with marked success, and am determined to continue the use of it in all affections of the kind which may come under my professional care, as I have never known any evil results from its employment.

G. B. T.

SELECTIONS.

INTERMARRIAGE.

[From Owen's Key to the Geology of the Globe.]

Among the records of criminals, how few of them, comparatively, are found to be married! It is not contended that all are happy in the marriage state, but it is confidently asserted, that if the judgment is used in the selection of a suitable husband or wife before the feelings have become too much interested, and if ordinary pains are taken to live up to the duties incumbent upon that tie, the pure monogamic relationship is most in accordance with the laws of nature, most likely to secure health, happiness and tranquillity, and decidedly most tending to prevent crime. Marriage, for the sake of the female constitution and of the future offspring, should not be contracted at too early an age; but it should be fulfilled, as a general rule, sooner or later, by all who find partners apparently suited to promote their happiness through life.

Parents, when they interfere, should, as a matter both of expediency and justice, give only advice, and not continue a useless opposition, still less disown their own offspring; who, if they act from feeling only, owe it, perhaps, to the fault of those parents in not inculcating early self-control.

But although marriage is recommended to all when circumstances favor, there is one rule to be observed regarding the tie, which brings us now to the most important point of all in the eye of the Physiologist and Philanthropist who desire to use their best endeavors in securing for humanity at large the greatest amount of sound physical, mental and moral qualities, individually and nationally.

The great rule, then, should be Non-Intermarriage with Blood Relations.

I do not expect the young man—for he has usually too much of self about him—if he has once loved with all the

intensity of an ardent temperament, to calm the turbulent volcano of passion, and act at that late date according to the dictates of common sense. If there is any hope of influencing him, it can only be by convincing his judgment before his feelings have become too much interested.

But the love of a mother for her offspring is often so pure, so unselfish, yet so burning and inextinguishable, that in it we may trust with strong hope—that to it we

may appeal with every confidence of success.

If there is anything in the world which will bring about this reform, it is the love which already burns in the bosom of a chaste and refined maiden for the offspring she hopes, after forming ties consonant with her judgment and with her feelings, to rear as the pride of her own heart, and as the ornament of her country, to whose service she designs to dedicate these "jewels."

But where will be her pride, where her happiness, where the precious gifts designed for patriotic purposes, if she finds that instead of the bright gleam from the eve of the darling infant, she meets naught but a sightless orb; if, instead of the charming cooing and prattle of soon-expanding articulate sounds, betokening powers which may one day arouse a Senate, deaf-mute motion chill the senses; if, in lieu of the dimpled cheek, the laughing eye, the intelligent recognition of a mother's devotion, that mother presses to her bosom only a shapeless mass of humanity, only the drivelled, idiotic semblance of that which aspires to be the noblest work of God. When the mother sees all this, and knows that she wittingly, not ignorantly, transgressed His Divine Laws, where is her hope, where the blessing of where her maternal happiness? blighted, annihilated forever, serving only as a beacon of warning to save others from the same destruction.

This sad but conscientiously revealed lesson is not likely to reach the eye of youthful womanhood, but it may, at least, point the father, whose daughter expects soon to enter upon the holy duties of wedded life, to some assistant arguments by which he may possibly deter that daughter from injuring herself and society, when she becomes thoroughly impressed with the conviction how deep a sin it is to contract marriage where close ties of consanguinity already exist.

Dying at Will-

In Dr. Cheyne's "English Malady," we find the extraordinary case of a Colonel Townshend related, which, being singular, we will insert in Dr. C.'s own words:

"Colonel Townshend, a gentleman of excellent natural parts, and of great honor and integrity, had for many years been afflicted with a nephritic complaint which made his life miserable. During one of his attacks of illness, he sent for Dr. Baynard and myself. We waited upon him with Mr. Skrine, his apothecary. We found his senses clear and mind calm; his nurse and several servants were about him. He had made his will and settled his affairs. He told us he had sent for us to give some account of an odd sensation he had for some time observed and felt within himself; which was, that of so composing himself that he could die or expire whenever he pleased by an effort of the will, and by another effort could come to life again-which it seems he had sometimes tried before he had sent for us. heard this with surprise; but as it was to be accounted for on no common principles, we could hardly believe the facts he had related to us, much less give any account of it, unless he should please to make the experiment before us, which we were unwilling he should do, lest in his weak condition he might carry it too far. He continued to talk very distinctly and sensibly for above a quarter of an hour about this surprising sensation, and insisted so much on our seeing the trial made, that we were at last forced to comply. We all three felt his pulse first; it was distinct, although small and steady, and his heart had its usual beating. composed himself on his back and lay in a still posture for some time; while I held his right hand, Dr. Baynard laid his hand on his heart, and Mr. Skrine held a clean lookingglass to his mouth. I found his pulse sink gradually, until at last I could not feel any by the most exact and nice touch. Dr. Baynard could not feel the least motion in his heart, nor Mr. Skrine perceive the least soil of breath on the bright mirror he held to his mouth. Each of us then by turns examined his arm, heart and breath, but could not, by the nicest scrutiny, discover the least symptom of life in him. We reasoned a long time about his odd appearance, as well as we could, and all of us judging it inexplicable and unaccountable, and finding he still continued thus, we began to conclude that he had indeed carried the experiment too far, and at last were satisfied he was actually dead, and were just ready to leave him. This continued for half an hour. As we were leaving we observed some motion about the body, and upon examination we found his pulse and the motion of the heart gradually returning. He began to breathe gently and to speak softly, and after some conversation with him we left him. He afterwards sent for his attorney, added a codicil to his will, settled legacies on his servants, received the sacrament, and calmly and composedly expired about five or six o'clock that evening."

Fluid Extract of Veratrum Viride.

[From the Journal of Materia Medica.]

The attention which has been given within the last three years to the therapeutic properties of Veratrum Viride, has fully confirmed the observations of Dr. Tully, as stated at length by Dr. Osgood in his very able paper upon this agent, published in the American Journal of Medical Sciences in 1835. Recent observations and a more general experience have extended its application.

Its properties are a resin and an alkaloidal principle, which are yielded to alcohol and diluted alcohol.

Its therapeutic properties are stated to be an arterial sedative of great power—reducing the frequency of the pulse to forty per minute—expectorant, diaphoretic, altera-

tive, deobstruent, emetic, nervine, somewhat narcotic, &c. These properties are published at length in a pamphlet upon its powers and properties.

Having for some time prepared a fluid extract of this article, I state, in answer to the many inquiries made as to the strength and manner of preparing it, that each fluid ounce represents one ounce of the crude root, or dram for dram, calculating 60 minims or 120 drops to the fluid dram. Each grain is represented by one minim or two drops.

The root is digested in alcohol of 90° for ten days, then diluted alcohol is added until it is exhausted of all its medicinal properties. The solutions are evaporated in a vacuum at 100°, and alcohol again added of sufficient specific gravity to hold its medicinal properties without deposition, and give one pint of fluid extract for every pound of root treated.

In all cases the root should be collected in the fall, immediately as the leaves begin to wither. Such is taken as the standard, and all other roots are brought to this standard by careful analysis, that the preparation shall yield an uniform or equal amount of active constituents.

Prepared in this way, the dose is much less than that stated for the tincture, assuming the minimum dose of the tincture to be four drops. The dose of this preparation should be two drops, as all the trials and observations we have made show it to possess double the strength of the tincture as recommended by Norwood. The opinion of physicians generally is that the minimum dose should be stated at one-half of that we have uniformly named. We have, therefore, reduced the dose to commence with to two drops, increasing one drop every portion given; but for greater convenience and certainty of administration it is suggested to combine it with an equal measure of milk, simple syrup, or syrup of squill, and give, as the minimum dose, four drops, increasing each portion given one or two drops, according to circumstances.

In combination with ipecae or compounds of cherry, &c., the dose is easily and accurately regulated.

An over dose is promptly relieved by laudanum or brandy, or by a syrup of sulphate of morphia and tineture of ginger. In fact, morphia and laudanum, in sufficient doses, are said to be perfect antidotes to the ill effects of an over dose.

Supposed Origin of Periodical Fevers.

[From the New Orleans Medical and Surgical Journal.]

Lancisi, in 1695, ascribed the origin of periodical fevers to marsh miasm, which, he affirmed, consisted of effluvia of inorganic and animalcular constitution.

Henry Holland and others believe that these fevers are produced by a distinct host of animalcules which float about in the air.

Elliotson says that an exhalation from decaying vegetable matter is the true indispensable and exciting cause of ague and fever.

Annesley, a writer on the diseases of British India, concludes that the cause is the product of the different elements which are found in the rich soils, when acted on by heat, the air and moisture.

Armstrong rejects, altogether, the doctrine of a specific poison in accounting for their origin.

Dr. Wood admits that periodical fevers may originate without any emanation from vegetable decomposition to poison the atmosphere.

Dr. Bell, of Philadelphia, and Pritchett, in his accounts of the African remittent fever, think that the known and appreciable states of the earth's surface, superincumbent atmosphere, and modes of life, will account for the origin of these fevers.

The celebrated Roman physician, Folchi, who had bestowed much time and attention upon this subject, thought the moisture, dampness, and the chilling effects of the dews of night, and not missmata, produced these diseases.

Lancisi states that the purest breezes, tametsi saluberimus—no matter from what quarter they may blow, are adequate to produce an attack of periodical fever.

Dr. Heyne accounts for the occurrence of these diseases amongst the rocky, wooden hills of the Madras Presidency, by supposing them to be owing to some magnetic influence dependent upon the ferruginous character of the rocks.

Richter, a distinguished German writer, speaks of them as caused by worms and other sources of intestinal irritation; by suppression of the catamenia and other habitual discharges.

J. K. Mitchell thinks them owing to the injurious and poisonous action of the sporules of fungi, which are disseminated through the air.

Ferguson denies the necessity of vegetable decomposition to produce these diseases, but attributes them to the rapid evaporation of water in an arid soil.

Dr. Watson declares that the primary exciting cause of intermittent and remittent fevers, without which ague would never occur, is a specific poison, producing specific effects on the human body.

Tulloch thinks there does not exist any relationship whatever, as cause and effect, between marsh exhalations and ague and fever.

Sir James Murray contends that the true malarious agents are electro-galvanic currents and accumulations.

Professor Daniells, and the Drs. Gardner, of Loudon and Hampden, Sidney College, Va., think that the active agent which produces fever in malarious situations is the *sulphuretted hydrogen* to be found in their waters.

Murray, British Inspector General of hospitals, avers that fevers, every way analogous to those to be found on marshy plains, frequently result from the application of intense solar or atmospheric heat.

Wortahet, in his fevers of Syria, says that inattention to personal cleanliness, filth, and poverty, independent of any marsh effluvia, will produce intermittent fever.

Von Aurvale, a celebrated Netherlander, accounts for

their prevalence in argillaceous soils, by supposing that clay possessed the property of absorbing oxygen from the atmospheric air, and thus impairing its purity.

The celebrated Linnaus contended, in his Inaugural Essay, that periodical fevers originated in all those places where the soil abounds in clay, and only in such places; whilst Fodere, in his classification of insalubrious localities, places the clayey soil next to that of marshes and turbaries.

Fourcault thinks these fevers depend on the occurrence of three essential conditions, moisture of the air, elevation of temperature, and atmospheric vicissitudes.

"We believe," says the British and Foreign Medico-Chirurgical Review, "that we are as yet in utter ignorance of the agent or agencies represented by the conventional term, malaria, or marsh poison."

Dunglison, contesting the views of Fodere, says: "It certainly cannot be maintained by any one who has inspected the soils of malarious regions, that the clayey soil is most insalubrious next to the marshy and turfy. Some of the most healthy districts are found of this soil, and on the other hand, as we have previously seen, some of the most unhealthy are sandy."

Dr. Foster is of opinion that it is not the heat, nor cold, nor dampness, nor drought of the air, nor sudden change, which is chiefly concerned in producing disorder, but the inexplicable peculiarity of its electrical state.

"The doctrine of a specific poison," says the American Journal of Medical Sciences, "generated during the slow decomposition of vegetable matter, as a cause of fever, is fast losing ground—as the etiology of endemic and epidemic diseases is more closely and systematically investigated."

I shall now mention some of the opinions of different authors as to the causes and conditions which are said to affect and control this supposed poison, marsh miasm, and I think we shall find here as many discrepancies as were exhibited on the subject of the origin of periodical fevers.

CHARACTERISTICS OF MARSH MIASM.

Sir Gilbert Blane states that the people in the villages

in the midst of the fens, were in general healthy, at a time when the fever was prevailing in the more elevated situations of Lincolnshire.

Monfalcon states that miasmata, during the warmer and more heated hours, are elevated to great heights in the atmosphere, and may thus be carried to and deposited on distant hills and mountain ridges.

According to the opinions of Tourmon, Carriere, and others, an elevation of from five to seven hundred feet will place one beyond the influence of miasmata, no matter what may be the nature of the localities at the base of such situations.

On the coast of Batavia, according to Sir John Lind, so little attraction had water for it, the malaria was wafted out to vessels riding at anchor some five or six miles from the shore.

Ferguson says the troops were sickly "whenever, during the hot season, any portion of the army was obliged to occupy the arid encampments of the level country, which at all other times were healthy, or at least unproductive of endemic fever.

Ferguson alleges that it is heavier than air, has a peculiar attraction for the soil, and therefore cannot mount upwards, but creeps along the ground, whenever it strays away from the source of its origin.

Major Tulloch does not believe that an elevation of six or seven hundred feet will insure one against the assaults of the cause of periodical fever, whatever it is, but goes far beyond that, and thinks an elevation of not less than 2,000 or 3,000 feet will do it.

Sir John Pringle affirms that the ground-floors of the houses where the malaria is disengaged, are most sickly; and Ferguson and others agree with him that it is less deadly, as it is more distant from the source of its origin.

Parent Duchatelet, a celebrated physician of Lyons, after several years of investigation, came to the conclusion that water in which hemp or flax had been rotted, was not injurious to the health of those who drank it, and that the emanations from it were not unhealthy.

According to the prevailing opinion, it is only to be found where there are marshes, stagnant pools, swamps, or wet rich grounds.

Dr. James Johnson says that the same malaria arises from the summits of the mountains in Ceylon, which is founded on the marshy plains of Bengal.

Dr. Dickson, of Jefferson Medical College, a popular writer of this country, says: "A very dry summer and spring are apt to be healthy;" and Folchi and others agree with him.

Robert Jackson says: "The usual endemic of warm climates is less frequent and formidable on the banks of rivers, after their waters become mixed with those of the sea, than before this had happened."

Folchi thinks a hot, dry summer must exempt from fevers; and the most sickly one is when falls of rain alternate with atmospherical vicissitudes of temperature.

M. Julia ascribes it to a union of animal and vegetable putrefaction, and Dr. James Johnson thinks, generally speaking, it is the product of animal and vegetable decomposition by means of heat and moisture.

In the narrow straits of Holland, only a few yards from the shore, Sir Gilbert Blane says none of the seamen were affected by the disease which was so fatal to the land forces, so great is the attraction of water for malaria.

Monfalcon declares that as the malaria is carried upwards it becomes more energetic, and McCulloch agrees with him and says, that the source of its origin is frequently left perfectly salubrious, while distant hills and situations are rendered pestilential by it.

Dr. Joseph Brown asserts he has seen plenty of ague and fever in parts of Estramadura, when everything was parched up for want of rain, and where no visible dampness could be supposed to have a share in their production.

Dr. Joseph Brown says: "Malaria is generated in so many instances in which animal matter does not exist, that we must conclude that the presence of such matter is not essential to the formation of the poison." Dunglison and others, agree with him in this opinion.

Brachet, another distinguished physician, of Lyons, gives it as his decided opinion that the readlest and most certain method of converting a healthy village into a hot-bed of intermittent fevers, is to furnish it with ponds and steep hemp in them.

Dr. MacMichael says, Frichori, in the Gulf of Valo, in Greece, a dry limestone rock, is notorious for its malaria; which is likewise true of one of the Isles de Loss, according to Boyle.

McCulloch asserts, that in every instance where it is found on the hills and mountain ridges, it always arises from the wet ground at their base, or at no very great distance off.

Ferguson says: "A year of stinted vegetation, through dry seasons and uncommon drought, is infallibly a year of pestilence to the greater part of the West India Islands."

Fodere, speaking of this matter, says: "The shores and vicinity of large rivers, lakes, and the sea are generally healthy," unless where there is an admixture of salt with fresh water.

Copeland, in his Dictionary of Practical Medicine, says:
"In warm countries, or in hot seasons in temperate climdy,
the places which are most productive of malaria auce altes,
also abound the most in animal substantuita e generally,
decomposition." Again: "I have alwafte ees undergoing
number of insects and reptiles ways considered the
as more indicative of its insalubrity than almost any other
circumstance."

Forsyth, Ferguson, Sir John Pringle, Sir Charles Morgan, and others, contend that a dry road, or a wall, or a belt of trees, will arrest the progress of this poison.

Sir John Pringle, Fordyce, and Ferguson, declare that the dry, sandy plains of South Holland, Dutch Brabant, and Flanders, without trees, were pestilential to the British forces. The miasmatists, generally, believe that the dews of insalubrious localities are loaded with the miasmatic principle, which has been brought down and precipitated with the aqueous vapor of the atmosphere.

Sir John Pringle and others assert that this poison is connected with a most noisome and dreadful smell.

The prevailing opinion among the miasmatists is, that it is not contagious.

Fordyce, Sir John Lind, Dr. Dundas, the French Algerian Surgeons, and others, contend that fever and ague is convertible into common continued fever, and vice versa.

Armstrong says: Kingston, in the Island of St. Vincent, having all the elements for the production of this poison, for it abounds in as much vegetable matter, and "reptiles, and insects, and other animal matter, as is found in other tropical countries, is as yet healthy as the most favorable spot in England." New Amsterdam, Berbice, and other places in the West Indies, are similarly situated, according to Ferguson; while Dundas informs us that such is the case with Bahia, Bonefine and other places in Brazil.

Monfalcon, McCulloch, Brown, and others say, it will mount into the higher regions of the air and be disseminated over the adjacent country, despite the intervention of walls, cliffs, woods, and secondary ridges.

Heber says, the wood tracts of Nepaul and Malwa, having neither swamps nor perceptible moisture, are uninhabitable in summer and autumn by man, beasts, or birds, from their pestilential character.

Baily and Audonard, in France, and Cleghorn, Fordyce and Brown, in Great Britain, think that it is communicated by contagion.

Those who advocate the abstract theory that marsh miasm is the cause of periodical fevers, deny that ague and fever and continued fever are mutually convertible.

These are some of the varying features and contradictory statements, which are furnished by the medical history of this imp of the marshes. I shall not attempt to reconcile such discordant elements—it would be worse than useless.

Effect of Red Blood on the Vital Properties of the Contractile and Nervous Tissues-

[From the Medical Times and Gazette, November 7, 1857.]

Two years ago, Dr. Brown-Sequard published the results of numerous experiments, showing that red blood-i.e. richly oxygenated blood—has the power of reproducing the vital properties of almost all the contractile tissues, when it is injected in the artery some time after these tissues have lost these properties. In a paper read to the Academy of Sciences on the 19th of October last, this physiologist relates some new facts on this subject. It is well known, since the admirable experiments of Sir Astley Cooper, that animals die from asphyxia when circulation is stopped in their four encephalic arteries, and that if the circulation be quickly re-established, the animals recover almost immediately. Dr. Brown-Sequard has ascertained that if circulation takes place again a few minutes after the last respiratory movement, life does not reappear; but if the lungs are insufflated, the apparently dead trunk revives, and becomes endowed with a very energetic reflex power; and that five, ten, or fifteen, and in one case seventeen minutes after the last respiration, in insufflated dogs, if circulation is re-established in the encephalon, the functions of the brain proper and of the respiratory nervous centre reappear, and the animal may be restored to full life. In heads separated from the body, injections of richly oxygenated blood may reproduce the actions of the brain proper and of the medulla oblongata many minutes (even fourteeen or fifteen) after decapitation.

In a second part of his last paper, Dr. Brown-Sequard points out a radical difference between the two kinds of blood, the arterial and the venous—or rather, the red and the black. He has ascertained by a great many experiments that red blood—i.e. blood charged with oxygen, whether arterial or venous—never has the power of stimulating or exciting any organ or tissue; while black blood—i.e. blood charged with carbonic acid—has the power of stimulation in a very high degree as regards the nervous centres, and in a lower degree as regards the sensitive and motor nerves,

and the contractile tissues. On the contrary, the red blood has the power of regenerating the vital properties, while black blood is hardly able to maintain them at a low degree. Dr. Brown-Sequard calls attention to a peculiar mode of action of black blood, which consists in its producing intermittent or periodical effects, and sometimes perfectly rhythmical actions, even in the muscles of animal life finishes his paper by the indication of the danger of employing black blood in transfusion. He relates facts to prove that the blood of an animal acts as a poison when injected in the veins of an animal of another species, only when it is black and charged with carbonic acid. blood of a rabbit may kill the same individual as well as another animal of the same species, if it is injected black whether defibrinated or not-in its veins; so it is for dogs, for cats, for birds; while, on the contrary, richly oxygenated blood—whether venous or arterial, and defibrinated or not, and taken from birds, turtles, etc.—may be, without any ill effect, injected in the veins of a mammal. The great danger of transfusion of blood, after the entrance of air in the veins and the coagulation of its fibrin, is, therefore, the employment of a liquid containing too much carbonic acid. This danger, and at the same time the danger of coagulation, may easily be avoided by employing whipped venous blood, which, during the operation of whipping, loses its coagulating principle and much of its carbonic acid, and absorbs a good deal of oxygen.

Plastic Operation upon the Ear.

[From the North American Medico-Chirurgical Review.]

In August last, a young man disfigured by the loss of a considerable portion of his right ear, from a bite in a fight, applied to Professor Pancoast to have the deformity relieved by a plastic operation. Two months had elapsed since the occurrence of the injury. The condition of the parts was as follows: The cicatrix an irregular one, but imperfectly healed, and evidently not in a healthy condition: the amount

of loss sustained was fully one-third of the external ear, and this was considerable, as the ears were unusually large and pendulous—that upon the opposite side measuring nearly three inches in length. The entire lobule was gone. A line carried across the inferior portion of the concha to a point on the helix opposite the auditory meatus will afford a good idea of the cicatrix.

The operation was performed in the following manner:— The entire edge of the wound was freshened by paring, and the cartilage removed to a greater depth than the integument; a portion of the cutaneous tissue was then raised from over the upper extremity of the sterno-cleido-mastoid muscle of more than twice the size of the lost part, allowing thus for shrinking, and of such a shape that, when doubled upon itself, it should correspond exactly to the same portion of the sound ear, the pedicle representing the attachment of The flap being doubled so as to present both surfaces covered with integument was then secured to the raw edges of the ear by a few interrupted sutures, and well sustained with strips of isinglass-plaster. The parts united kindly except a small point of the posterior edge of the flap, where there was a little sloughing, owing, most likely, to the presence of coagulated blood between its folds. operation was in every respect a successful one. attachment of the new lobule being made to take the same position and direction as the natural one rendered the shape of the two ears almost exactly similar.

Novel Method of Extracting a Foreign Body from the Œsophagus.

[From the Boston Medical and Surgical Journal, December 8, 1857.]

Mrs. Field, a lady, aged seventy, while eating chickensoup, accidentally swallowed a piece of bone the size of an American quarter of a dollar cut into a triangular form. The bone lodged in the œsophagus, about two inches below the top of the sternum. Thinking that it might fall into the stomach, she neglected to apply for surgical aid until the fifth day after the accident. In the meantime, she had swallowed neither food nor drink, both regurgitating into the mouth with every attempt.

I was called the fifth day, to try to remove the bone by surgical means. My first attempt was with a piece of whalebone, the extremity being perforated with numerous small holes, into which were fastened a dozen or more loops, about an inch long, made with small linen twist.

With this contrivance I failed, after many patient trials. I could readily reach the bone, but the loops did not fasten to any point of its angular form with sufficient permanency to enable me to extract it. I could even pass the piece of whalebone beyond the foreign body, and ascertained that it rested upon the posterior side of the cosophagus, standing perpendicularly, with two of its corners fastened into the gullet.

I finally took a piece of dry sponge about an inch long, and of such a shape, when dry, as to fill one-half of the cesophagus. This I tied to the extremity of my whalebone-sound. Turning back the head of the patient, I passed it down the cesophagus, in a dry state, as rapidly as I dared to do, until I was certain it had passed beyond the bone. I then introduced a little fluid into the mouth, which quickly reached the dry sponge, enlarging it to twice its natural size, completely filling the gullet. I drew it out, and with it came the bone, much to my gratification and the patient's relief.

On the Hygiene of Costume.

[From the Charleston Medical Journal.]

Dress, in its hygienic relations, certainly comes under the censorship of the physician, the natural guardian of the health of nations. In its fashions, its artistic effects, its outward appearance, it may be considered beneath our dignified notice: these aspects of dress may be safely left to Frank Leslie, Godey, and other dii minores. To us, however, it belongs to consider the effect of style of dress on health; and when we find that a large and important class

is subjected to a costume calculated to produce injurious results, it becomes our province, nay, our duty, to raise our voices in solemn protest against it. Do not be alarmed, Mr./Editor, I am not going to open up again the oft argued question of corsets or hoops. Much has been said both for and against these articles of female dress, and they maintain their ground--the latter often doing more than this. I do not wish to attack a single article of dress, but a whole costume; and I verily believe that if some enemy of the human race had, with malice prepense, set himself to work to excogitate a dress which should surely and slowly produce an injurious effect on the growing organs of the rising generation, he could not, notwithstanding the traditional cunning of his class, have contrived one better adapted to his purpose than the full dress uniform of the various military schools now in existence in our State. Varying as they do in color, their construction, their build is the same. Charleston, if I remember right, copied its dress from that of the old State soldiers, the predecessors of the cadets; Columbia follows Charleston, and Yorkville, and other military schools for boys, pursue the beaten track with admirable irrationality.

Let us take now the several components of this dress, seriatim, from top to toe. bearing in mind always as we go along, our latitude, that of Algeria, our summer temperature, the thermometer often rising above 90° Fahrenheit in the shade, and, what I will refer to hereafter, the age of the subjects of these injurious influences. First in order of these abominations comes the black leather shako, weighing I don't know how many pounds, pressing with its hard, unyielding rim on the growing brain case, interrupting the cranial, and indirectly the cerebral circulation, detaining black blood where it is not wanted, and where it is most injurious, and palpably exhibiting its effects in the fainting boys who are so often carried off from parade of a hot summer's day. To help in producing this effect, we have a perfectly impervious material, absolutely preventing any renovation of the heated, or, rather, hot air confined in the

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"To keep the head cool and the feet warm," upper part. is an old, but valuable hygienic piece of advice, perfectly disregarded, as far as the first part of it is concerned, in the adoption of this unsightly head-gear. The only argument that can be adduced in its favor, is drawn from the protection it may afford the soldier, while on active duty, against sabre cuts directed at the head; but a similar reason might more plausibly be given for casing the arms in thick, heavy leather, as these limbs are more frequently wounded, in modern warfare, than the head. In fact, the whole accoutrement of the soldier, in modern times, is calculated more for aggression than defence, and the Minie cone would have very little more respect for the thick shako, than for the cloth cap or the sensible felt hat, which has recently been adopted in the United States Army. Nor is the prospect of this merely possible contingency a sufficient excuse for subjecting our youth to the probability of a life of headache or other cerebral disturbances. The incomplete protection to the eyes against the glare of the sun, or the irritation of cold winds, afforded by the small front-piece, is another objection to this senseless article, which has neither beauty, comfort nor utility to recommend it.

To assist in the injurious effects of the shako, we find the circulation of the carotids and jugulars impeded by the stock and high coat-collar. Dr. Marshall has sufficiently shown the evil effects to be apprehended from any article of apparel that constringes the neck. I need not, therefore, dwell on it, but will refer your readers to his notes on the subject. I will not be croaker enough to talk about "hidden seizures, epileptic and apoplectic attacks;" but I must say, we could hit on no better plan to lay the foundation of, and predispose to them, than by this confinement of the throat.

The next nuisance that we encounter, proceeding downwards, is the padding of the breast of the coat. Setting aside the question whether it is not our duty on every occasion to teach youth to walk uprightly, and abhor and eschew sham, as belonging to the moral aspect of the case,

I will confine myself to the hygienic point of view. Tubercles, we know, have their favorite seat at the summit of the lungs. This is, with much show of reason, attributed to the less amount of expansion which this part of the cone undergoes during the physiological act of respiration.

Indeed, some systems of treatment of consumption are based on this fact; and Dr. Muhry, in your March number, advises forced inspirations and expansion of the apex, as a prophylactic in tubercular predisposition.

What, then, shall we think of a style of dress which, at a period of life when this predisposition is so strongly developed, and a mere trifle may determine the question of robust health and enjoyment of life, or prolonged suffering and premature death, actually unnecessarily assists in promoting the production of disease, by the obstruction of this expansion. We cannot call it suicidal, because it is not voluntarily assumed. It might rather be classed with the Chinese method of artificially distorting young limbs, (of trees and children,) except that the organs practiced on are of vital importance, and the question becomes one of life or death, not of more or less beauty or deformity.

Two important circumstances we must bear in mind: the first is, that these deleterious influences are brought to bear upon their victims at a critical time of life. At this age the constitution is, as it were, beginning to crystallize. Earlier in life, time would still be left to recover from them. Later, after crystallization is completed, their influence would be much less. It is just at this period of adolescence that the seeds of much subsequent disease and suffering are shown.

The second is, that this is not the occasional holiday dress of the young clerk or mechanic. With them, the system has ample time to recruit. It is, in the case of the shako, the frequent, in the case of the other two, the every day attire of the cadet. Their influence is not intermittent, but continued.

Having thus pointed out the defects and evil influences of this costume, I may be asked what I would substitute

for it. Here, as in other cases, I must confess, criticism is easy; construction is difficult.

But yet, I think, having pointed out the dangers to be avoided, a dress might be constructed which, without being too fantastic—not more so, certainly, than the present unpicturesque uniform, which gives them the air of playing at soldiers—would not press heavily on the head, obstruct the circulation of the neck, nor impede the respiration at the very part where it is most important it should be fullest and most expanded.

The felt hat of the United States Army, light and serviceable, protecting both head and eyes; the neck free from stock and stiff coat-collar, but showing the commencement of the shirt; a long, loose jacket, somewhat like that worn by the Zouaves, extending below the hips, but allowing full play to the muscles of the femur, with rather short, loose sleeves, to give the arms room for action and development; a broad belt around the waist, to support the diaphragm and throw the burthen of respiration on the upper part of the lungs, thereby causing expansion of the thorax; rather loose trowsers, extending not much below the ankle, so as not to interfere with the play of that articulation; with, if you choose, shoes and gaiters. ingredients might, with more or less ornament, according to taste, be concocted by a skillful artist into a healthful and becoming dress for the cadets of our military schools.

These institutions, from their admirable discipline, perhaps also as foreshadowing coming events, are becoming very popular, and it is important that anything which would detract from their utility should be corrected or avoided; and where it is a question of health or hygiene the persons to point out these dangers are the physicians of the State.

Preservation of Vaccine Virus.

A Chicago correspondent of the Peninsular Journal of Medicine, says: "Dr. Johnson read a paper on the use of Glycerine for preserving animal organic cells. He stated that Dr. Andrews, of this city, had made experiments in the preservation of vaccine virus by solution in glycerine, using the solution instead of the solid matter for vaccination, and that by this means the difficult problem of how to preserve the virus in an active state was admirably solved. Dr. Johnson has repeated the experiments of Dr. Andrews with success. He had also examined the solution with the microscope and found the cells perfectly preserved.

"In Dr. Andrews' experiments, the vaccine matter was kept in solution two or three months of warm weather, at the end of which time seven cases were vaccinated with it without a single failure. If this preparation shall prove, as it now seems to promise, to be a permanent form of the virus, it will be of great advantage. The scab broken into three or four pieces is thrown into a little glycerine and occasionally shaken. It will slowly dissolve without any farther care, and almost any number of persons may be vaccinated from the solution, every new scab the practitioner gets may be dropped into the same vial, and thus he will never find himself destitute, as is now the case, by the loss of the active powers of his crusts."

Glycerine as a Substitute for Cod-Liver Oil in Phthisis.

[From the N. W. Medical and Surgical Journal.]

In its internal use, glycerine has great advantage over cod-liver oil, on account of its blandness, and favoring instead of destroying the digestion, and nauseating the patient. In children, it is easy of administration, on account of its sweet and agreeable taste. In the latter part of October, 1855, by permission of Dr. N. S. Davis, I used it at the Mercy Hospital in the proportion of four parts to one of the syr. of the iodide of iron, in the case of a man about 40 years of age, who had been using the cod-liver oil, but was obliged to discontinue it, on account of its nauseating and irritating effects on the stomach. This man, at the time, was much emaciated, much troubled with coughing,

and expectorating daily nearly a pint of thick, tenacious mucus, freely mixed with tubercular matter in a granular form. The infra-clavicular space was considerably fallen in, and all the symptoms and signs plainly evinced quite an advanced stage of the disease. He had been under treatment for several weeks, just previous, for chronic diarrhoea, which was not entirely cured. In about a week after commencing the use of this prescription, the cough and expectoration ceased, and the patient was much improved generally. He has continued its use up to the present time, Jan. 10, 1856; has regained his natural fullness and rotundity, and is fast regaining his strength.

Dr. Davis subsequently used the same remedy in a case of incipient tuberculosis, with equally satisfactory results. Dr. De Laskie Miller recently prescribed it in a more advanced stage of the disease, with the most happy effects. In conclusion, I believe it a most valuable addition to the list of curative agents.

Ill Effects of Tight Bandaging.

[From the St. Louis Medical and Surgical Journal.]

Dr. Dalton, of Aberdeen, in a letter to the Editor of the Buffalo Medical Journal, relates a case in which a negro boy, aged sixteen, lost his leg from the effects of tight bandaging in a case of fracture. Dry gangrene followed, and amputation was rendered necessary. A somewhat similar case occurred in our own practice not long since, in which an ignorant practitioner, in treating a fracture of the arm in the case of an interesting little girl, applied the bandage so tight over a rude splint, as to cause the death of the part. On our removing the bandage a week after its application, gangrene and death of the arm was manifest, and, at our request, amputation was performed by Professor Pope. Young surgeons should be especially careful in the application of bandages to see that they are not too tight.

EDITORIAL AND MISCELLANY.

Salutatory.

In presenting the first number of our Journal to the members of the medical profession, we would deem ourselves deficient in gratitude were we not to embrace this opportunity of acknowledging the many favors we have received—of thanking our friends for the liberal support which they have already accorded us in our new and laborious enterprise, and to express a hope that they will continue to support and protect the *Encyclopedia*, whose aim it shall be to diffuse knowledge in reference to the practice of Medicine, to aid in the science of Surgery, and to assist in the better understanding of the laws of Hygiene.

It will, ever be the aim of its editors to render the *Encyclopedia* a repository worthy of the support of the man of taste and information, and in some degree to repay the kind solicitude of those to whom it is so much indebted for communications and assistance.

To attain these desirable objects, no trouble, pains, or expense will be spared. The undertaking is certainly arduous, but we are not to be deterred by difficulties; and, knowing that the medical practitioner is sometimes so situated as to be almost isolated from his brethren in the profession, and his mind at times perplexed with doubt, we shall endeavor to make our Journal to him a welcome visitor,

"Content, if hence the unlearned their wants may view, The learned reflect on what before they knew; Averse, alike to flatter or offend, Not free from faults, nor yet too vain to mend."

Atlanta Medical College.

The regular exercises of this institution commence on the first Monday of the present month, and the class this session bids fair to excel, in point of numbers, that of any previous session.

The advantages to be derived by a student in this college, over any other with which we are acquainted, are unsurpassed; particularly to one who desires to possess a thorough knowledge of the science of Materia Medica. The Botanical Garden attached to the institution has, at very great expense, been at last completed, and the votary of science can here see living specimens of plants from the cold frigid, as well as from the sultry torrid zone.

We take pleasure in recommending this college, for it is an institution of our own, and looks for support to the students of her own sunny South. Too long has the South been slumbering in inactivity, and suffered her geniuses to be transplanted in other climes for that nurture which has been refused them at home. Hitherto she has been the passive pupil of science, content to draw knowledge from foreign sources; but the voice that drives away her slumbers shall arouse her to emulation, and the South shall disdain to borrow what she can herself so copiously supply.

STATE MEDICAL ASSOCIATION.—The annual meeting of the Medical Association of Georgia took place in Rome on the second Wednesday in April last, we learn, with a large attendance of the profession from every quarter of the State. The proceedings of the society were received too late for publication in our present issue.

Anodyne Liniment in Otitis.—M. Trosseau recommends a mixture of the alcoholic extract of belladonna in water, with glycerine; a cotton ball, soaked in the mixture, to be placed in the external auditory canal.

Jefferson Medical College.

The last catalogue from this institution indicates that it is well sustained by numbers of students, as well as by the talents of its very able faculty. At its last commencement in March, it had a list of 630 students, of whom 120 were from Pennsylvania; 94 from Virginia; 50 from Alabama; 49 from Mississippi; 44 from North Carolina; 44 from Georgia; 36 from Tennessee; 35 from Texas; 22 from Kentucky; 15 from Maryland; 14 from Ohio; 13 from New Jersey; 12 from Missouri; 12 from Illinois; 10 from Indiana; 9 from Arkansas; 8 from Delaware; 7 from New York; 4 from Florida; 3 from Massachusetts; 2 from New Hampshire; 2 from Iowa; 2 from the District of Columbia; 2 from U.S. Navy; 2 from Canada West; 2 from Maine; 1 from Connecticut; 1 from Michigan; 1 from Wisconsin; 1 from Kansas; 1 from New Foundland; 1 from Nicaragua; 1 from South America; and 1 from Germany.

SESQUICHLORIDE OF IRON IN HEMORRHAGES.—Doctor Herzfelder quite confirms the good accounts of this given by the French practitioners, as a most valuable agent in various kinds of internal hemorrhage, and far superior to ice, alum, tannin, etc. He dissolves a scruple in four ounces of water, and gives a spoonful every quarter or half hour. Dr. Rath, confirming this account, and especially as regards uterine hemorrhages, prefers the tinct. ferri sesquichl., as the watery solution is very nauseous.—Buckner's Repert.

SEDATIVE APPLICATION.—Extract of belladonna, one drachm and a half; liquify with from thirty to forty-five drops of laudanum; triturate in a mortar, and add one drachm of chloroform. Spread this three or four times a day on the region affected with neuralgia or acute inflammation. It will adhere to the skin longer than an ointment. Dr. Diday.

Ancient Marriages of Consanguinity. By Dr. ISAAC CASSELBERRY.

This work has been received and read by us with much pleasure and profit. It evinces deep study and research, and does the author great credit. This subject has commenced to attract the attention of the profession. The evils resulting from the marriage of blood relations are to be seen wherever such unions exist, and should be a warning to all not to transgress the laws of nature, as, by so doing, they will bring misery and disease upon their innocent offspring.

Dental Anomalies and their influence upon the production of diseases of the maxillary bones. By AM. FARGET, M. D., C. L. D., etc. Memoir crowned by the Academy of Sciences, in Paris, at its meeting of the 14th March, 1859.

This is a neat and valuable publication of seventy-two pages, illustrated with numerous fine plates, translated from the French, and issued by the well known publishers, Messrs. Jones & White, of the Dental Cosmos. Address the publishers, (Messrs. J. & W., of Philadelphia,) enclosing forty cents in postage stamps, which will secure the work free of postage.

Marshall's Improved Compound Magneto-Electric Machine, for Medical and Dental purposes. Patented August 9, 1859.

This is the only Magneto-Electric Machine in which the Alternating and Single or Direct currents are arranged in such a manner as to be converted with the utmost facility and certainty from one to the other, thus giving it a much more extensive adaptation to the treatment of disease, as well as constituting it a complete and reliable philosophical instrument.

We have tried the Machine in a number of diseases for which it is recommended, and can cheerfully attest to its utility. For sale at the Drug-store of Dr. S. D. Brantley, Savannah, Georgia. WE also acknowledge the receipt of the *Physician's Pocket Memorandum*, by Dr. C. H. CLEVELAND, Editor of the *Journal of Rational Medicine*, in Cincinnati. This little work is a very useful and convenient companion, and no practitioner should be without it. Price, \$1,00.

ALUM AS A REMEDY IN CROUP.—A correspondent of the New Hampshire Journal of Medicine states that for three years he has used alum in croup, and in all that time has not seen a fatal case which was treated with it from the beginning. He usually gives about ten grains, once in ten minutes, until vomiting is induced, using at the same time tartar emetic or the hive syrup freely—the latter subduing the inflammation, while alum has more of a repulsive action.—St Louis Medical and Surgical Journal.

ILL EFFECTS OF QUININE.—Dr. Greenwald, of Cincinnati, reports a case in the Western Lancet, in which decided and persistent hemiplegia was produced by the use of quinine. About twenty grains were administered in three doses combined with other remedies. The hemiplegia was preceded by ringing in the ears and a disposition to sleep. This case, with others on record, shows that the administration of quinine is not, under all circumstances, unattended with danger.—Ibid.

CHLOROFORM.—M. Baudens, in his account of the campaign in the East, asserts that, although chloroform had been employed 30,000 times in the French army there, no fatal accident had ever resulted from its use. Dr. Rizet, of the Chasseurs, denies this. Two deaths occurred under his own observation; one at the Hospital Ramitchifflic, and another at Gulhane. This denial clearly takes away all value from M. Bauden's statement.—Medical Times and Gazette.

CASE OF NEEDLE-SWALLOWING .- A young woman accidentally swallowed, during an inspiration, a sewing needle, which she held between her lips. This occurred September 14th. On December 28th, she drew attention to a small but very painful swelling at the anterior part of the left side of the thorax. In this the needle could be plainly felt. It lay between the sixth and seventh ribs, at a short distance from the lower end of the ensiform process of the sternum. It was extracted by means of an incision from among some strong adhesions by which it was surrounded. For two or three weeks the girl had suffered from a dyspnœa that could not be accounted for; but as this ceased as soon as the needle could be felt under the integuments, Dr. Siegmund, who reports the case, believes that it was produced by the passage of the needle through the diaphragm. - Virginia Medical Journal.

Induced by the great success that has attended the chlorate of potass in affections of the mouth, MM. Demarquay have tried the efficacy of the iodate of potassium in numerous cases of diphtheritic and gangrenous stomatitis. The success has been considerable, and that in which the chlorate has failed. The dose employed was from four to eight grains.—Moniteur des Hopitaux.

M. LEPERDRIEL, in the Repertoire de Pharmacie, says, to conceal the disagreeable taste of cod-liver oil add about ten per cent. of common salt.

We have tried the salt with the cod-liver oil and can recommend it. It not only renders the oil more palatable, but causes the stomach to digest it more completely.

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GEORGIA

Medical and Surgical Encyclopedia.

This Journal will be issued on the first of every month, and will contain forty-eight octavo pages of original and well-selected matter. It will be our aim and object, to the extent of our ability, to elevate the standing and dignity of the Medical Profession.

Questions connected with Medicine, or its sister Sciences, will be at all times welcome. Original essays and communications from members of the profession are respectfully solicited.

Trusting that our pages may, however, occasionally be perused by other than medical men, we shall, as far as practicabite, avoid introducing such topics as might offend the modesty of our readers, although they might otherwise be a legitimate subject of medical communication.

We can only further say, that, so far as we are individually concerned, we shall endeavor to fulfill the promises thus made; and shall hope for a candid reception of an attempt to be useful. The aid and influence of the Press, together with the cordial support of Southern brethren, is respectfully asked; and should the plan on which we propose to conduct our Journal be approved, we cannot doubt an encouragement proportionate to its utility, and to the merit with which it may be sustained.

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GEORGIA

Medical and Surgical

ENCYCLOPEDIA.

EDITED BY
HORATIO N. HOLLIFIELD, M. D.,
AND

· W. NEWSOME, M. D.



Lege totum, si vis scire totum.

VOL. I.

JUNE, 1860.

NO. 2.

SANDERSVILLE, GEORGIA:
PRINTED BY J. M. G. MEDLOCK, MASONIC HALL BUILDING.
1860.

PUBLISHED MONTHLY.

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GEORGIA

Medical and Surgical Encyclopedia.

VOL. I.]

JUNE, 1860.

NO. 2.

ORIGINAL COMMUNICATIONS.

NEPHRITIS.

BY JOHN H. MAY, M. D., WASHINGTON COUNTY, GA.

On the third of April last, I was requested to visit a negro man named Alfred, aged 31 years, of a plethoric bilious temperament; the property of Mrs. C——. Upon inquiry I found the following to be the history of the case.

In 1842 Alfred had a fall from a horse, which hurt his back very badly over the region of the kidneys, and was confined to his bed about four weeks, unable either to stand or walk, at the same time passing blood with his urine. He was at that time partially relieved, and enjoyed very good health, with the exception of pain in the region of the kidneys.

In 1844 he received other injuries from the upsetting of a cart load of corn upon him, which confined him about two weeks. He was for some time unable to stoop down or lift any weight, and had, occasionally, severe pain in the back, from the kidneys to the ribs on the left side, with frequent sensation of motion around umbilicus, and pain along the course of the ureters and contraction of testis.

In 1851 he was thrown from a horse, the animal falling upon and rolling over him, again hurting his back and causing the blood to gush from his ears. After being confined about a week he was relieved, but was never free from some pain in the back, radiating either up to the dia-

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phragm or down to the testis scrotum, and sometimes down to the thigh.

Some six weeks ago, feeling worse than usual, and having a desire to evacuate his bowels and bladder, he made an effort but failed, (for some days he had had very scanty discharges of urine), causing great giddiness in the head, with excessive pain in the lumbar region and burning pain along the urethra.

His inclination growing stronger to void his urine, he renewed his efforts, and very sensibly felt the departure of something solid from the kidneys down the urethra, which proved to be a small, white worm, about two inches in length, and about the thickness of an ordinary pin. He made more complaint than usual; unable to sleep at night so great was the pain in lumbar region. I gave him:

R. Gum Camphorata; Pulv. Opii.

He rested better the remainder of the night. April 4th, gave him sulph. magnesia in the morning, which acted freely on the bowels, but was no relief to the kidneys or umbilicus. Applied thick, strong pepper poultice warm, to back and front, re-applying as soon as cold and had ceased to burn.

April 5th, continued camphorata and opii. with but little benefit. High fever and sick stomach; gave him solution of citric acid, potass. carb. Sick stomach continued. At night gave him hyd. chlo. mite, pulv. ipecacuanha et opii. and continued poultice.

April 6th. Very scanty discharge of urine. Ordered sulph. magnesia in the morning, and copaiba at night.

April 7th. No action on bowels; suffered greatly this morning; gave him sulph. magnesia. Afternoon medicine acted freely, and he has passed two worms per urethra similar to the one before mentioned.

8th. Better. Continued magnesia and copaiba.

9th. Better. Same treatment.

10th. Better; urinating more freely.

11th. Better. No fever; very weak; no appetite. Ordered tinet. ferri muriatis, 10 drops 3 times a day.

12th. Better. Strength improved; able to sit up in bed; pain left the back; better now than for some time.

16th. Worse to-day; up yesterday and walked across the house. Pain in the lumbar region and down to the thigh, with contraction of testes. Poultice to back and bowels; copaiba at night.

17th. Passed four worms from the urethra to-day at one micturition, with burning sensation at the head of the penis; length, one to one and a half inches, and about the thickness of a medium size pin; white external, dark brown internal. Ordered terebinthinate emulsions.

I will add that Alfred has been for months unable to rest but a few hours at night; he sleeps till about midnight and can then sleep no more; has no appetite to eat breakfast or supper, but is always hungry at dinner. He is a black-smith by trade, and an intelligent boy. I had no idea of reporting this case until requested by my friend, Dr. T. W. N—, to whom I send the last four worms that passed.

Curry's Mills, April 17th, 1860.

TOBACCO: Its Injurious Effects upon the Human System-

BY HORATIO N. HOLLIFIELD, M. D., SANDERSVILLE, GA.

Tobacco is, without doubt, a native of the tropical clime of our own country, where it was first discovered in use by the Spaniards among the Indians about the middle of the sixteenth century, and by them introduced into Spain, from whence the habit has spread over the whole civilized world.

That a plant which exercises such a sickening sensation upon the system of man when first used, and possessing as it does such a disagreeable taste, such an unpleasant smell, and exerting such baneful influences upon the animal functions, should have been able to surmount every obstacle which has impeded its progress, and extended itself over the whole globe in so short a time, seems singular. Yet so it is; and many cases of disease which the physician is called upon to treat owe their origin entirely to the employ-

ment of this noxious weed, the use of which is not only an evil and injurious habit, but a filthy and disgusting one.

Among the votaries who bow at its shrine we find not only men, but women; many of whom are young, beautiful, intelligent and accomplished—who, by the immoderate use of snuff, have ruined their constitutions, and are always under the care of a physician. With paint and powder, however, they endeavor to make themselves look fascinating, but, alas! they are but as whitened sepulchres.

Tobacco affects the system by producing weakness, languidness, vomiting, vertigo, stupor, giddiness, paralysis, nervousness and great debility, with often fatal prostration. It also acts upon the nervous and circulatory systems to an extent that is both terrifying and alarming, often causing death.

When chewed or rubbed, it exerts a great influence upon the mucus membrane of the mouth, and also upon the salivary glands, the sub-lingual and the sub-maxillary, causing them to secrete a larger amount of saliva than nature intended them to do, or than is necessary for the purpose of accomplishing the duties assigned them; thus robbing the system of a portion of its fluids which are required for the healthy maintenance of its animal functions, merely for the gratification of a morbid appetite. The sense of taste is generally perverted, or greatly impaired, in all those who either rub or chew the noxious weed.

When introduced into the nostril it acts by irritating the lining membrane of the nose, causing violent sneezing, and blunting or entirely destroying the sense of smell by its action upon the nerves with which it comes in contact.

When tobacco is smoked it acts as an irritant, and frequently a portion of the smoke is carried into the lungs, rendering the air breathed hot and impure. It then acts as a sedative upon the circulation, and often irritates the lining membrane of the air cells in the lungs, which brings on inflammation, laying broad and deep the seeds of disease which may in time hurry its victim to an early grave. Death has resulted from the inhalation of the smoke, and

blindness has been occasioned by it in the case of Mr. L-d, of New Jersey, with whom the passion became so strong that it was impossible for him to rest satisfied unless he was smoking, and thirty-five segars a day were his usual allowance. In 1849, he first perceived that his eyesight was failing him. This alarmed him somewhat, and caused him to call upon a physician, who recommended the employment of spectacles, and advised his quitting the use of segars. This he did for nearly a year; his eyesight improved rapidly, until it was as good as it had ever been. But a habit which had been fostered for years was not to be so easily eradicated. He again became a victim to its use, and consequently his eyes began to fail. He endeavored to quit the segar; when he did so his eyes improved. But the habit was too strong; at last he gave way to it entirely, and in 1855 was almost totally blind, being only able to distinguish night from day; becoming, according to his own acknowledgment, at the early age of twenty-eight years, a victim to the immoderate use of tobacco.

General relaxation of the whole system is a common effect, while chronic dysentery and great nervousness very often occur.

Insanity frequently results from the use of it, and many lunatics now confined in our asylums no doubt owe their presence there to an immoderate use of this terrible and insidious poison.

It frequently lays the foundation of many very serious nervous disorders, while dyspepsia or indigestion is usual among the majority of those addicted to its use.

The heart's action is greatly affected by it through the nerves, proving that it acts upon the animal functions not only through the circulation, but also by means of the nervous system. Though these facts are known and generally acknowledged, yet its use is still upon the increase, and every year it becomes the ruling passion of many millions who before were not in the habit of employing it in any way whatever.

A singular mental disorder, analogous to delirium tremens,

is often produced by it. A case of this character came under my notice a short time since. A gentleman of intelligence, a citizen of Washington county, who smoked and chewed to a great extent, would, on hearing any slight noise, become alarmed and jump or start from his position as though greatly frightened; and when out at night, if he had been indulging freely during the day, would get down upon his hands and knees and crawl to his residence for fear he should fall into some hole, the existence of which he was ignorant of, or of meeting with some other accident. This person has also labored under a chronic disease of the bowels which owed its origin to the use of tobacco. He has now, however, almost entirely relinquished the injurious habit; his crawling propensities have quit him; his nervousness has disappeared, and he is sound and well.

Tobacco contains an essential oil called *Nicotine*, from the name of its discoverer. This is a very powerful and certain poison, deadly in its effects, producing death in minute doses in an incredibly short space of time, as has been proved by many whom curiosity and love of science have led to experiment with it.

Thus we see that tobacco renders some of its votaries unfit for business by stupefying their faculties; sends many to an early grave; ruins the mind and undermines the constitution of others; lays the foundation of disease in all who indulge in the use of it to excess; and exerts, generally, an injurious effect upon the human system.

The Human Hair.

BY TOM W. NEWSOME, M. D., SANDERSVILLE, GA.

Every hair proceeds from a root or bulb situated in the skin, or adipose membrane under it. These bulbs are oblong bodies having about three times the diameter of the hair, and being in length five times that diameter. The bulb has vessels carrying red blood on its surface, and in the bulb a glutinous matter is deposited, some very fine filaments of which advance towards the small or outer

extremity of the bulb, where they unite and form the stem of the hair, which, as it passes outward, takes one coat from the membrane of the bulb, and another from the epidermis.

Some discrepancies of opinion have ever existed in regard to the tubular structure of the hair. Microscopist opinions are quite at variance-some contending it has a tube in its centre, while others high in authority assert the con-Concerning this notion, Carpenter, in his work on the microscope, says: "A very important and very frequent source of error which sometimes operates on experienced microscopists, lies in the refractive influence exerted by certain peculiarities in the form or constitution of objects upon the rays of light transmitted through them; this influence being of a nature to give rise to appearances in the image which suggest to the observer an idea of their cause that may be altogether different from the reality. very characteristic illustration of the fallacy resulting from external configuration is furnished by the notion which long prevailed among microscopic observers, and which still lingers in the public mind, of the tubular structure of the human hair. This notion has no other foundation than the existence of a bright band down the axis of the hair, which is due to the convergence of the rays of light occasioned by the convexity of its surface, and which is equally shown by any other cylinder, and is unmistakably disproved by the appearances presented by a thin transverse section of hair, which shows that it is not only filled up to its centre with a medullary substance, but that its centre is sometimes even darker than the surrounding part." If a hair is pulled out and the bulb remains, the hair is soon re-produced. From considering this state of the facts, I am led to think that a hair is not an organized body, but only a certain preparation of mucus, or rather of coagulable lymph, deposited in the bulb and drawn out through its opening or duct in the same manner as a wire is drawn through the plate. To come nearer the point, I regard the formation of hair a process of the same nature with the

spinning of a spider's or a silk-worm's thread. Similar to this, I think, was Haller's opinion of the formation of the cuticle or scarf-skin, and consequently of the nails; and we might observe, in fact, there is a most essential difference between the growth of hair or nail and that of any other vascular or organized body. The increase of this last seems to consist entirely in the evolution of parts already formed in miniature. In the fœtus all the limbs exist from the beginning; they are afterwards gradually expanded, but we see no addition of new parts. A vegetable seed contains the tree in embryo, and when a plant grows, the part where the principal addition of substances is made every year, is that which was last formed; or, perhaps—to speak more properly—which was last evolved or expanded. But this case is quite different with a hair, or even nail. The parts once produced never admit of any further change, but additions are made from the root, and the part first formed is pushed forward by that last produced.

A proper amount of care should therefore be taken for its preservation; for, without this wise provision of a suitable covering, the human head would not only present a most unsightly and ridiculous appearance, but would be extremely susceptible to numerous diseases incident to an exposed state of the seat of volition. A vast preponderance of the people of the civilized world would indicate, however, from their manner of treating this beautiful gift of nature, that it was something on the order of a nuisance, or, at least, a necessary evil, which it is incumbent upon them to eradicate in the promptest and most expeditious manner. The villainous compounds indiscriminately used by many of the verdoyont class for the purpose of disfiguring themselves for life, deserve the severest censure. allude to the pomades now in almost universal use, apparently to improve the appearance of the hair, but in reality to sap the foundation of its vitality. The consumers of these highly aromatic unguents, in their zeal to enhance the profits of the manufacturers, entirely overlook the disastrous effects likely to result to themselves from a too

profuse application of adipose substances to this important filament. The human hair is of such a nature as to furnish the necessary matter of this kind through its own internal structure. As nature has thus organized it, we should do nothing which would interfere with her, for, by so doing, we will destroy the most beautiful natural ornament which we possess.

Elaterium in Dropsy.

BY HORATIO N. HOLLIFIELD, M. D., SANDERSVILLE, GA.

In the month of October I was called upon to visit a lady, Mrs. C——, who had been for several years laboring under a chronic dropsical affection.

I found her in a very desponding state, being quite weak and anaemic. Her disease I pronounced to be ascites. The abdomen was greatly enlarged, so much so that it was almost impossible for her to change her position. She had been taking diuretics for a long time, but they appeared to exert no effect upon her condition. Cream of tartar and jalap had been administered freely, but her symptoms, in place of subsiding, were becoming more aggravated, and the operation of tapping appeared to be unavoidable.

I determined, however, under these circumstances to try the efficacy of Elaterium, which had been very highly recommended to me by my preceptor, the late Dr. Samuel McClellan, of Philadelphia. After making a full and careful examination of the case, I administered Elaterium in quarter grain-doses every four hours. No nausea being occasioned by it, its use was continued for twenty-four hours. The operations were copious and frequent; in fact, so much fluid had been voided by the patient that she appeared very weak and almost prostrated from the violent action of the medicine. In consequence of this, I decreased the dose, giving one-eighth of a grain only, every six hours, in combination with one grain of opium and three grains of ipecac. Under this treatment my patient improved. The great collection of water in the abdominal

cavity gradually decreased, and in seven weeks she was so far recovered that the Elaterium was only given in sixteenth grain doses, in combination with one grain of iron per hydrogen and two grains of sulphate of quinine, made into a pill and given every night and morning. This change of prescription I found beneficial at the time. It caused her appetite to improve; her usual spirits were shortly regained, and, in five months, having fully recovered her health, she was discharged.

Uterine Hemorrhage.

BY EDWARD B. HOOK, M. D., SANDERSVILLE, GA.

Being aware that a volume might be written upon Uterine Hemorrhage, it is with diffidence that we throw together a few remarks upon the subject. But, if in our hastily prepared article we shall succeed in awakening the attention of those just entering our noble profession to the magnitude of the responsibility incurred in the treatment of these cases, and the urgent necessity of being well prepared to encounter them, we shall be fully repaid for the trouble of writing.

Of the various "ills to which flesh is heir" that come under the treatment of physicians, there are none, perhaps, to which greater responsibility attaches than to the management of the severer forms of flooding incident to the puerperal state. Summoned suddenly to some desperate case which might have shaken the nerves of a Gooch or a Churchill, and surrounded by weeping and scared relatives who look to him for aid, the physician feels that a human life depends upon his knowledge and promptitude; he feels that to be ignorant here seals the doom of his patient.

For the purposes of this short communication we will divide hemorrhage into the three well known varieties, viz: Accidental, Unavoidable, and Hemorrhage after Delivery.

The first variety occurs during or previous to labor, and is caused by "a partial and accidental separation of the placenta, which is generally in its usual position." This

may be brought about by blows, falls, lifting heavy burdens, or it may occur, though rarely, by irregular muscular contractions of the uterus. To distinguish this from that which depends on the placenta being directly over the cervix, it is only necessary to make an examination per vaginam, when the cervix uteri will be felt to contain nothing but the bag of waters. Further, that the hemorrhage takes place during "the intervals of the pains, and is arrested by the uterine contractions;" and that we can generally refer it to one of the causes above mentioned.

It sometimes occurs that the blood does not appear externally; here it may be poured into the bag of waters, or between the membranes and the womb, and thus prove fatal unexpectedly. We have strong reason, however, to infer this state of the case, whenever any of the causes have occurred to produce it, and the patient shows signs of loss of blood as evidenced by faintness, with a general exsanguined appearance, accompanied with uneasiness, tenderness, or swelling in the region of the womb.

The treatment of accidental hemorrhage, when the patient has not arrived at her full time and the os is not dilated, may be comprised in keeping the horizontal position, cold applications to the pubes, with an occasional dose of acet. plumb. et opii. I have sometimes used the tampon in these cases, but never with much advantage—the mischief generally being too high up to be much benefitted by it, not to speak of the danger of internal hemorrhage kept hid for some time by this means. When we do use the tampon, we saturate the cloths either with vinegar and water, or alum water. Should these means fail and the hemorrhage become very dangerous, we should, as a last resort, rupture the membranes and bring on labor. This, however, will be resorted to rarely, as the treatment mentioned above will generally stop the flow.

Our second division, unavoidable hemorrhage, is brought about by the separation of the placenta from the cervix in cases of placenta previa, by the contraction of the uterus, which necessarily dilates the neck of the womb, thus sev-

ering the connection and laying open the mouths of the bleeding vessels. We diagnose this to be unavoidable hemorrhage, because it comes on, generally, without notice or apparent cause, and is increased during each pain; when, by making an examination, we at once discover the placenta either partially or entirely over the cervix.

If the flow is slight, and the full term of nine months not complete, palliative measures, as recommended in the accidental variety, should be used. But should the hemorrhage become alarming, the alternative is to turn and deliver promptly, that the contractions of the uterus may at once stop the crimson tide which is rapidly bearing away the life of the patient. In two cases of this kind which have occurred in my practice, at the full time, I gave ergot and used the tampon to stop the blood, until the expulsive powers of the womb forced down both placenta and child. In these cases the tampon was not made to fit so tight but what it would give way before the expulsive effort. Where the child is turned and delivered, the placenta should be delivered as soon as possible, due regard being had to not increasing the hemorrhage.

If the placenta is only attached to the edge of the os uteri, and the pains are active, it should be treated as a case of accidental hemorrhage, by rupturing the membranes. The pressure of the head, whilst dilating the os uteri, will close the mouths of the bleeding vessels with the placenta, and so arrest the flooding till the child is expelled." It has also been recommended by high authority in Obstetrics to entirely detach the placenta in these cases. The practice has been condemned by other eminent authorities. it can be shown that detaching the placenta will immediately bring on uterine contractions, we are at a loss to see how opening the mouths of an innumerable number of blood vessels could be otherwise than very hazardous practice. But should it be resorted to, ergot should be given immediately, and if powerful contractions do not some on, turn and deliver.

In our last division, Hemorrhage after Delivery, the flood-

ing is frequently exceedingly copious, and produced by the same causes, viz: partial or complete separation of the placenta from the walls of the uterus, thereby leaving exposed a number of large bleeding vessels. This I have seen aggravated, in a number of cases which have come under my care, with almost complete flaccidity and inertia These cases are very dangerous, and call of the womb. for the promptest measures of relief. The patient, when in this state, will be found pale, fainting, vomiting, with a cold sweat upon the brow, almost pulseless, ringing in the ears, hiccough, dimness of sight, marble cold extremities, and at every beat of the heart her life blood ebbs away. Sometimes flooding takes place when there is hour-glass contraction of the uterus, when the after-birth is in the upper chamber and adherent to the fundus. This is a very grave complication.

In the treatment of the third variety, it must be borne in mind that upon the contraction of the uterus depends the safety of the sufferer. The whole treatment, every remedial measure, has this end in view, and this alone; because, when it contracts, the mouths of the bleeding vessels are necessarily closed, and the flow stops. The first care of the accoucher will be to ascertain the situation of the placenta, whether it be attached, and where; or, if it be loose from its former connections awaiting removal. We have frequently seen severe hemorrhages stopped promptly by removing a loose after-birth. After removing the secundines, the womb must be grasped through the abdominal muscles-previously relaxed, if necessary, by flexing the thighs upon the abdomen-and pressed gently and frequently, at the same time cause to be given a table-spoonful of the wine of ergot, which must be repeated every fifteen or twenty minutes, or half hour, according to the severity of the case. If these means do not soon bring on contraction, and the flooding is severe or increasing, and accompanied by the symptoms mentioned above, you can delay no longer, but well greasing the hand introduce it gently to the fundus, or that portion where you find the bleeding surface to be, and make pressure against it, assisted by your hand upon the abdomen; at the same time cause three or four, or more, pitchers of the coldest water to be poured from a height of four or five feet upon the abdomen. We may, in addition, give a dose or two of sub. acet. plumb et opii, causing mustard plasters to be put upon the extremities and over the stomach, and as recommended by Velpeau, between the shoulders to act as a revellant. Pressure of the abdominal aorta may also be used in an extreme case. I have used it on two occasions in sparemade women when it could be easily reached, and, I thought, with considerable benefit. But where our patients are quite embonpoint, as many of them are, this proceeding would be rendered very difficult and unreliable. In cases of great weakness, caused by the loss of blood, we are compelled to give stimulants—a little brandy and water, and sometimes opiates. It will often be found, however, that a draught of cold water is the most refreshing thing we can give them-when the stomach will retain it. When the flooding is complicated with hour-glass contraction with attached placenta in the upper portion, the treatment consists in bringing the fingers together in the shape of a cone, and gradually introducing the hand through the strictured portion. When this is accomplished we spread out the fingers to the circumference of the placenta, and proceed to gradually detach and remove it. And that it will be found any thing but an easy operation, let me assure those who have never tried it; still, in these cases it has to be done. After thus removing the placenta, the treatment is in all respects similar to that already mentioned. We have always been very careful to leave as few clots as possible. We invariably recommend that these be removed with the syringe and milk-warm water, once or twice a-day for a week. The after treatment, during convalescence, consists in mild stimulants, generous diet, recumbent position and a quiet room; directing, that if there be increase in the flow, to tighten the abdominal bandage and give a tea-spoonful or two of ergot pro re nata.

Domestic Practice.

BY A. C. C. THOMPSON, M. D., SANDERSVILLE, GA.

Men are ever prone to run into extremes, and probably as much so in their opinions relative to the science of medicine, as in relation to any art, science or theory. Whilst there are some Utopian disciples of Æsculapius so circumscribed in their views that they would restrict all medical knowledge to those only who are professionally and practically engaged in the healing art, there are some among the unprofessional who profess to regard nearly all regular physicians as licensed man-slayers, and all medicines except "old women's teas," as slow poison—"mineral medicines" in particular.

The object of this article is not to discuss ultraisms, but to inquire into the expediency of communicating so much medical knowledge to all intelligent persons as shall enable them, especially the heads of families, to apply remedial agents in cases of emergency, and in such simple cases as may not need the attendance of a regular physician.

In the conclusion of this essay, we shall offer some general remarks upon the physiological and pathological condition of man; and in some subsequent articles, may say something of those remedial agents whose properties and application should be well understood by the heads of every family.

If the knowledge of things pertaining to man's physical and intellectual happiness is important, then, there can be no physical science of deeper interest than that of medicine; and inasmuch as it pertains to the comfort of all, we argue, that it is expedient that all intelligent persons should possess some correct knowledge upon a subject of such general importance.

If the sciences are to be taught only to those who expect to make a practical use of them, the sphere of useful learning would be very much contracted, and professional pedants would arrogantly impose their dogmas upon the credulous multitude.

In the sciences of Chemistry and Astronomy, it is only

expected that the practical chemist and astronomer shall be acquainted with all the manipulations and calculations pertaining to their respective sciences. The same may be said of many other arts and sciences; hence, we beg leave to differ from the sentiment of the following couplet, Alexander Pope to the contrary notwithstanding:

"A little learning is a dangerous thing; Drink deep, or taste not the Pierian spring."

There needs no argument to prove that even a little learning is less dangerous than great ignorance. If none were permitted to study the various branches of literature and science but those who were favored with such circumstances and talents as would be likely to render them profound, the mysteries and beauties of nature would be known only to a fortunate few; and the books of science and art, written in the nomenclature of the learned and locked up in their dusty libraries, would be unintelligible and inaccessible to the great mass of mankind.

Shall Philosophy, Theology, Politics, and all other useful knowledge, be widely disseminated, whilst that science which pertains to man's health and life is scrupulously withheld from the multitude? It was the seclusive doctrine of papacy that the masses must be kept ignorant of the Bible, and receive only the teachings of councils and prelates, for fear that they could not understand the mysteries of revelation, and hence, might introduce some fatal heresies. Happily for the cause of religion, the reformation of Luther exhumed the Bible from monkish cloisters, and threw off the fetters of popish bigotry and superstition that had enslaved the minds of millions during the dark ages. Monarchs maintained the theory, that subjects were born to be ruled without any will of their own; and hence, the knowledge of government should be confined to kings and courts. But republicanism in America has proved that enlightened men are capable of self-government.

It has been urged, that the knowledge of medicine should be withheld from those who do not intend to devote themselves exclusively to the science, because they would acquire but a very limited knowledge, and hence would frequently endanger or destroy life by mal-practice. If skillful physicians could always be obtained when needed, and no one besides would ever attempt to administer remedies, there might then be some reason in the objection. But it frequently happens that a physician cannot be obtained at the time when his services are most needed, and men will make efforts to relieve themselves and their friends; hence, it is much safer for them to apply remedies with some general knowledge of the human constitution, and the proper remedies for diseases, than to engage in domestic practice without any information upon the subject except such as they may have acquired from quack publications in newspapers.

It frequently happens that persons are attacked with diseases of such virulent character, that death will speedily occur unless relief can be obtained; and in consequence of the remoteness of many families from physicians, or the absence of the physician from his usual place of business, lives are frequently lost.

We will also add, that those persons who have some correct knowledge of the nature and treatment of diseases, are generally more prompt in obtaining medical aid in due time, and are more apt to conform strictly to the directions of their physician, than such as possess no medical knowledge.

From these facts we argue, that it is expedient for all intelligent persons, and particularly the heads of families, to obtain as much theoretical and practical knowledge of the science of medicine as their circumstances will admit. Hence, the study of medicine and its kindred branches, at least so far as is necessary for domestic practice, should constitute a part of the education of all persons of proper age and advancement.

If we admit the necessity of the above mentioned course of instruction, it then becomes necessary to determine how far this knowledge should extend, or, in other words, what amount of medical knowledge is necessary for domestic

practice. Without presuming to prescribe a certain amount of reading, we would observe, that the practice of making domestic physicians by perusing a duodecimo upon infinitesimal doses, or the practice of steaming, without any previous knowledge of the human constitution, is very reprehensible. The necessary amount of medical information for medical purposes, or at least for cases of emergency, should embrace a general outline of Anatomy, Physiology, Pathology, Diseases, Therapeutics, and so much of Surgery as relates to wounds, fractures and dislocations. is necessary for such a course could be condensed by a judicious writer into five 8mo. volumes of 500 pages each. Any person of ordinary intelligence and application can read ten or twelve such volumes in a year, and have considerable time to devote to other matters. If our sons and daughters, after completing their usual scholastic studies, would devote at least one year to a plain practical course of medical reading, many of them would acquire a valuable fund of information, and be better prepared to assume the responsibilities of a family.

The study of Physiology and Hygiene is already becoming popular in many of our best schools, and we trust that Therapeutics will soon be added to the scholastic course, that these may serve as a stimulus to a more thorough investigation. The taste for such reading is forming in various sections of the country, and it would be much better to have a regular course adapted to the comprehension of the unprofessional, than to depend upon such works as we frequently see in families, pretending to embrace in one volume every thing that is necessary to be known by families relative to the healing art.

Having presented the above suggestions in favor of Domestic Practice, which will probably be regarded by some as speculative and impracticable, we will conclude this article with a brief outline of the human constitution; and, in some subsequent numbers, we propose to consider a few of the most important organic and functional derangements, and the application of remedial agents.

These observations are not offered with the view of throwing much light upon the subject, for the writer does not pretend to advance any facts or ideas that are not already known, or have not been previously expressed by authors in various styles; but we desire to call the attention of the reading public to the matter, if happily we may awaken an interest and induce some to pursue a more extended investigation.

The physical constitution of man embraces several systems, each of which is composed of various organs, the harmonious execution of whose functions sustains life in its most agreeable form. All the physical organs are generally arranged under eight systems: The osseous or bony, the muscular, the digestive, the circulating, the respiratory, the nervous, the secretory and excretory systems.

The organs belonging to these different systems are all engaged in the two great physical operations of composition and decomposition, which operations may also be called nutrition and decay. The growth of man never entirely ceases, while his constitution is in healthy action. after he has attained to his complete physical development, he does not remain identically the same for any one day of his life; but parts of the several systems are constantly becoming worn out, and must be cast off as effete matter, and their places supplied by other particles in every respect similar. Hence, elements that once constituted an essential part of the body, after having filled their destined purposes, become useless and noxious, and, if not removed, would act as virulent poisons upon the various organs of The manner of removing these effete elements the body. will be explained when we treat of the excretory system. We will now take up each system in consecutive order.

The Osseous, or bony system, consists of those solid parts of the body known as bones. It may be styled the framework of the body, necessary to give it form and support in various positions, and, in connection with the muscular system, regulates action and locomotion.

We will not state the precise number of bones in the

human frame, because anatomists do not all agree upon this subject. The average number may be stated at 215, some anatomists making it more and some less. This discrepancy arises from the fact, that some bones are not completely ossified in infancy, and some bones that are separate in early life become united at a more advanced age.

The composition of bones embraces the organic constituents, composed of blood-vessels and osseous cartilage, and the inorganic or earthy constituents. The cartilage and blood-vessels may be separated from the earthy matter by suspending a piece of bone in dilute muriatic acid, which will dissolve all the inorganic or earthy elements, leaving the organic or cartilaginous matter unaltered in shape and size, but so pliant that it may be bent at will, and even tied into a knot, if it is a long bone. The chemical analysis of human bones differs slightly from that of other animals, and there is even a difference in the composition of human bones at various ages.

The organic elements constitute about one-third, and the inorganic two-thirds by weight. The greater portion of the earthy part of bones consists of sub-phosphate and carbonate of lime, as will appear from the following analysis given by Prof. Berzelius, who is very high authority:

ORGANIC ELEMENTS.

Cartilage, soluble in water	,				32.17	parts.
Circulating vessels, .	•		•		1.13	"
INORGAI	NIC E	LEME	INTS.			
Subphosphate, with a littl	e flua	ite of	lime	, .	53.04	**
Conhanata of lima				•	11.30	46
Phosphate of magnesia,	•		•		1.16	**
Soda,			•		1.20	"
			••	7	00.00	

Besides the bones proper, there also belongs to the osseous system the periosteum, a tough whitish membrane which invests the bones, whose office appears to be to supply the bone with vessels and nutriment; also the synovial membrane, which covers the joints and keeps them well

lubricated by the secretion of a thin fluid called synovia; and lastly, the ligaments which bind the bones together in their respective articulations.

The Muscular System embraces all those parts of the body known as red or lean meat, and the tendons or sinews. The muscles are not only used in connection with the bones to give action and locomotion as already intimated, but they give form and symmetry to the human frame. There is no voluntary motion that can be made by any member or part of the body, that is not produced by the action of one or more muscles. Hence, there are a great many of these mortary organs. Some anatomists reckon them at over 400.

The body of a muscle is made up of very fine fibres, a number of these fibres is inclosed in a delicate sheath, many of these little sheaths are connected by cellular tissue, and each distinct muscle is separated by a thin gauze-like membrane called facia. The ends of the muscles generally terminate in a white substance much harder than the muscle, by which they are attached to the bones to pull them about in any manner the will may direct.

Motion is produced by a series of contractions and relaxations of the muscular fibres. The nervous fluid is the proper stimulus to produce these muscular contractions, as we shall see when we come to treat especially of the nervous system. Thus we see that voluntary motion is produced by the harmonious action of two systems. The nerves act upon the muscles, and the muscles upon the bones. The nerves are the prime motors, the muscles act in a relative or subordinate capacity, and the bones are wholly passive. There are a few motions—such as those of the face—in which the nerves and muscles act without moving the bones.

The Digestive System comprises all those parts and organs which are engaged in extracting from the food those nutritive elements that are requisite to repair the waste occasioned by the decomposition that is continually progressing in the tissues of the body. If there is any one function in

the animal economy that may be pronounced more important than another, it is probably that of digestion. It is not only important, in a physiological sense, as the great laboratory of elements, but it demands our attention in a pathological view, because, by its derangement, probably more diseases are occasioned than by the disturbance of any other function.

Digestion is performed by the operations of mastication, deglutition, chymification, and chylification. When food is taken into the mouth, it is masticated or ground by the teeth, and mixed with the saliva or spittle, until it is softened and prepared to pass into the stomach. This process constitutes mastication. When the food is properly lubricated with saliva, the tongue and palate force it back into the throat, and by the contractions of the cosophagus it is passed into the stomach. This operation is termed deglutition. In the stomach, the food is acted upon chemically by an acidulous liquor, called the gastric juice, which is secreted or formed by the inner coat of the stomach. the action of this juice upon the food, it is dissolved or reduced to a pulpy mass called chyme. This process is termed chymification. The time required for the conversion of food into chyme is variously modified by the quality and quantity of food, style of cooking, degree of mastication, health of the individual, exercise, &c. The average time under ordinary circumstances of health and action, is probably about two hours and forty minutes. As the food is reduced to chyme, it passes out of the stomach into the first portion of the small intestines called the duodenum; where it is submitted to the action of the bile and pancreatic juice to complete the process of digestion. This operation is called chylification, because by it the chyle, or nutritive element, is separated from the gross parts of the food and prepared for circulation and assimilation into the system. The chyle is a whitish milky fluid, which is formed of those parts or elements of the food that are proper to nourish the body, the other parts being rejected as useless and passed out through the bowels. The chyle contains two classes of elements which are necessary to form all the tissues and fluids of the human body: the nitrogenous or sanguineous elements, namely, albumen, fibrine and caseine; and the non-nitrogenous or respiratory elements, namely, starch, sugar, gum and oils. These nutritive elements are taken into the circulation by the chyliferous vessels or lacteals, which are innumerable little tubes opening upon the inner or mucous coat of the intestines. Here the digestive and circulating systems meet, and here we will dismiss the subject to be resumed in the next number.

It was our intention to have finished the general outline of the various systems in this number, but though we have been as brief as possible, we find that it would make this article too lengthy to carry out our first design.

In our next number we will complete the sketch of the physical constitution, and enter upon a brief pathological view of some of the most important organs.

SELECTIONS.

Repression of Illegitimacy.

[From the Virginia Medical Journal.]

Our civilization is fairly open to the reproach of fastidious prudery and excess of delicacy. The kid glove school of social reformers shrink from handling the unclean sores that affect the body corporate of humanity, and have always preferred that they should be swathed in the manifold bandages of conventional decency, plastered with the old-fashioned unguents of mechanical charity, and left to the care of the providence that guards unseen misery and It is not surprising, therefore, that the active misfortune. advocates of social progress, who come now to rid us of reproach of a too delicate abstinence from the investigation of such evils, should find that materials are wanting even for the first stage of the enquiry. The great element in an investigation which aims at reform, is an accurate estimate of the evil to be reformed. Amongst the defects of our society which most constantly obtrusively present themselves, is illegitimacy; an evil which haunts all our parishes, in town or country; which rears its head in every hamlet, and stains the purity of every village. It lurks in the smiling corn fields, and in the dark alleys of the crowded Amid the Presbyterian population of Scotland, and the Catholic people of Austria, it attains a higher fruition of sin and distress than in any other countries of Europe. In the kingdom of Great Britain some 45,000 illegitimate children are annually born. There are many circumstances of singular and contradictory import connected with the advent of these unfortunates, of whom so many are destined to an early death, from neglect, cold, desertion, starvation and violence. The proportion of illegitimate births was found by the registrar general of Scotland to be greatest, not amongst the seats of rapidly advancing population, or

in those counties which contain our largest cities with their overcrowded inhabitants, but in those which are purely The vastness of the evil, and its surprising agricultural. excess in some localities when compared with others, might well introduce a careful investigation of all that relates to its growth, or may be supposed to favor its extension. Yet Mr. Acton stated last week, in a paper which he read before the Statistical Society, "On illegitimacy in the London parishes of St. Marylebone, St. Pancras, St. George, Southwark," that illegitimacy has no literature; and in looking through the lately published catalogue of the Statistical and other societies, he failed to find mention of the word. Mr. Acton made a very able and useful contribution to the study of this important question by the analysis of the materials existing in these three extensive parishes. Analyzing the figures of the registrar general, he showed that in 1857, out of 388 illegitimate children who died, 327 fell before attaining the age of one year, of whom 110 perished between the ages of one and three months. children died within the first week of birth; hence it may be concluded that they are born healthy, and that the excessive mortality is due to neglect, probably consequent on the destitution of the mother.

Surely this sequence of facts appeals loudly to the charity of the worldly prosperous, that they dismiss the reluctance to assist women who have given birth to illegitimate children, not only out of mercy to their fallen condition, but in pity for the young lives that hang upon them. One hundred and ninety-four mothers were domestic servants; as to the occupation of the fathers, it appears that the largest number are of the class of laborers, where the source of evil to be removed is the promiscuous herding of both sexes, so common among the poorer classes; and next rank domestics, indicating a cause of immorality already sufficiently known.

Mr. Acton indicates striking defects in the bastardy laws, and suggests that parishes should have the same power of recovering the sums expended on illegitimate children as

they have now from the fathers of those born in wedlock. To cut off the supply of harlots, he suggests that the demand should be diminished, by making the penalties in purse and person heavier than they now are, as against the father of the child. Hitherto, suggestions have been mainly confined to the regulation of the sources of the supply. Mr. Acton aims at checking the demand. It is a maximum of approved force in economic science, and we see no reason why it should not be brought into play. Let the fathers be legally liable to the parish for the expense of the accouchement of the woman and the rearing of the child, and let the parish be armed with power to recover the amounts so expended. Of course no profits should accrue to the mother as the wages of her sin; for the term "seducer," so constantly applied to her paramour, is something more than a mere conventionality—it is very often a falsehood. Such provisions would undoubtedly increase the number of marriages amongst those who have mated irregularly, being equal in rank of life; and they would, we believe, greatly repress the evil discussed. Only let us beware of encouraging the action of government boards, such as Mr. Acton suggests; this were an infallible recipe for bringing things to a deadlock.

HYPNOTISM.

[Translated from the Gazette Hebdomadaire for the American Journal of Dental Science.]

Hoc Gallicæ consurtudinis— Rumoribus aque auditiionibus permoti, Summis sæpe rebus consilia ineunt.

Cæsar's Com. lib. 4.

An enthusiasm amounting almost to ecstacy, has been recently produced in the scientific world of Paris, by the supposed discovery of a new method of effecting anesthesia. This novel method, which bears the appellation of hypnotism, is made to consist in a species of extemporaneous strabismus, caused by conveying the axis of the eyes to a point a few inches from the root of the nose. In this oper-

ation, certain muscles, the recti superioris, and the levatores palpebrarum, are in a state of forced contraction, and the continuance of this action, during a period varying from three to fifteen minutes, superinduces a state of the sensorium, identical with catalepsy, or at least analogous to it, called a hypnotic state. The extracts which follow, translated from recent copies of the Gazette Hebdomadaire, will give some intimations of the discovery, introduction, reception, and success, of this marvellous agent, now monopolizing the attention of that metropolis of science and civilization, Paris.

A young provincial surgeon, Dr. Azam, adjunct professor in a school at Bordeaux, brought to Paris this singular method, the fruit of prolonged studies and numerous experiments, patiently instituted, during a long period. Eighteen months since, he had occasion to attend a young hysterical patient in spontaneous catalepsy. He observed in her exceedingly curious facts, which it does not come within our province to relate here. A professor in the Academy of Sciences, Dr. Bazin, being instructed by his experiments, advised Dr. Azam to examine an English work, published in 1842, by M. Braid, and in which is found indicated a means of producing artificial catalepsy, and anesthesia. Dr. Azam, having procured the work, of which there is given an analysis by Carpenter, in the Cyclopedia of Todd & Bowman, (article Sleep,) he instituted upon this young cataleptic, and nearly thirty others, numerous experiments. He ascertained the greater part of Braid's assertions to be substantially correct, among others, that catalepsy and anesthesia could be procured at will, by proceeding in the following manner:

The subject is sitting or lying in a convenient position, the operator puts before his eyes, at some three inches distance, and generally within the point of distinct vision, a bright body, on which the eyes are to be directed, and fixed continuously; the body should be so placed, that the eyes are directed upward and inward, by the firm contraction of the proper muscles, causing convergent strabismus. Hardly

has this fatiguing attitude been preserved for two or three minutes, till we see the pupils contract, and then dilate, the palpebra oscillate rapidly, and then fall down, and immediately the subject is asleep. Two symptoms attend this state, catalepsy precisely as described in the class books, and anesthesia, enduring from three to fifteen minutes, complete or incomplete, but which generally permits pinching, pricking, and tickling, without the least trace of sensibility, or without modifying in the least the cataleptic state. state of anesthesia is usually succeeded by the opposite state, of hyperæsthesia, in which we see the ordinary senses, the sensation of temperature and of muscular activity, attains a degree of more than usual impressibility; at any moment of the experiment, the symptoms can be made to suddenly cease, by frictions and sufflations of cold air on the evelids, in a similar manner to what has been seen in the researches of Dr. Paul, on catalepsy. The subjects, returned to their normal state, preserve no remembrance of what has passed during the preceding moments.

The gentlemen engaged with this subject specially, Drs. Azam, Broca, Fallen, and Velpeau, merit at least an examination, and they should not be assailed under what pretext soever, with incredulity, or even obstinate doubt. It has been a long time a reproach to the learned, their proud disdain for the extraordinary. We are in an epoch, in which all that is announced under a serious mien, and proceeds scientifically, merits examination; we live in a time, in short, when it would be unreasonable to turn away the eyes, merely because what is shown us is simply improbable and marvellous. Furthermore, the better way, and indeed the only, to judge anything, consists in at first looking it in the face, and this is what has been done by the grave men we have cited; this is what we have undertaken to do ourself. We will merely add, that Dr. Azam has arrived in Paris, fully persuaded that surgery was in possession of a new anesthetic. The readers may judge from the following, of the value of this impression.

We hasten to lay before our readers a case by an ancient

colleague, a distinguished provincial surgeon, Dr. Grurineau, adjunct professor in the secondary school at Poictiers. In the case that follows, we have not to do with an impressible woman, hysterical, and predisposed, by a nervous fantastic system, to extatic manifestations, more or less poetic and marvellous. The subject was a peasant, a little nervous, lymphatic, exhausted, and anything but a stoic.

Case.—George Jarry, aged thirty-four years, from the village of Mortimer, had been treated for several months in a hospital, for a white swelling of the left knee. So painful was this knee, that the least motion caused the patient to cry out. He had given his consent that the leg should be amputated at the thigh.

I operated in the presence of several distinguished surgeons. One of them held a spatula within about three inches of the root of the nose of the patient, whilst lying in a horizontal position. Strabismus convergent upward, was promptly produced.

Five minutes had elapsed, since his eyes had been fixed upon the spatula; I raised the left arm up, and let it go; immediately it fell. Then there was no catalepsy. patient said we would not be able to put him to sleep by this process. I immediately recommended the greatest silence in the apartment, where numerous parties had begun conversations; I spoke no further to the patient, who eyed the spatula with perseverance. After five minutes of the most profound silence I performed amputation of the inferior part of the thigh, by the double flap operation. During this operation, which lasted a minute and a half, the patient did not make the least plaint or motion; I now spoke to him, and inquired how he was. He said in answer, he thought himself in paradise, and seizing my hand carried it to his lips. During the operation his eyes were affected by a twitching movement. They had the appearance of searching for the spatula. A student, pinching his thigh a couple of minutes before the operation, asked if it gave pain, "O, I feel it a little," said he. After the operation, Jarry said "he knew the time the leg was cut off, for at that

period, they asked him if he had any pain." Now it was two minutes after this interrogation, that the operation commenced, and during all the time of this, his visage offered not the last spasm or contraction. All this time the eyes of Jarry seemed to search for the spatula.

It was quite evident to the assistants, that the patient did not experience pain, as he did not make the least plaint, whilst previously he cried out on the least motion of the affected limb.

Aphorisms on the Hygiene and Nursing of Infants

[Translated from the French for the Western Lancet.]

The child should be subjected to hygienic regulation from its cradle, in order to sustain its constitution if it is good, in order to ameliorate it if bad.

We must combat, in early infancy, the scrofulous, gouty, and syphilitic dispositions inherited from the parents.

A man with impure blood should never think of perpetuating his race.

A woman who becomes enciente, should renounce those habits, pleasures and fatigues, which may exercise an evil influence upon the health of the fœtus, if she wishes to give birth to a healthy child.

Bloodletting has a good effect upon gestation, but it should not be used unless plethora, local or general, is present.

Denial of the unreasonable caprices of a pregnant woman cannot have any influence upon the health of the infant.

A woman can and ought to nurse her child, if she is in good health, and if her parents or immediate relations are not scrofulous, consumptive, or cancerous.

There are women of good constitution unable, nevertheless, to nurse, for their milk is small in quantity, badly elaborated, and dries up from the slightest causes.

A woman in whom the mammary secretion is very active previous to her accouchement, is almost always a good nurse.

A mother who nurses can commence six or eight hours after the birth of the child.

A woman who nurses should not suckle the child oftener than every two hours.

An infant that takes the breast at regular intervals, sucks with more avidity than others, and drains the breast of all the milk it contains—and it is the part last obtained which is the best, as it contains more cream than the first parts of the flow.

Between eleven o'clock at night and six or seven in the morning, a good nurse need only suckle the child once.

It is dangerous to take for a hired nurse a primiparous woman; she is necessarily inexperienced.

A good nurse is from twenty to thirty-five years of age, with brown hair, the gums bright red, the form inclined to *embonpoint* the breasts well formed, firm, and marbled with bluish veins.

A nurse should not have any mark, recent or ancient, of scrofula or syphilis.

The milk yellowish in the first month after birth and bluish white afterwards, is an alkaline emulsion formed of water and solid principles dissolved or suspended.

The butter is only suspended in the liquid; the other principles are dissolved.

The milk should be abundant to be profitable.

The first part of the milk drawn from the breasts is serious, the second part is thicker, and it is the last part of the draught which is the richest and the most charged with cream.

The milk (examined by the microscope) should be filled with globules, numerous, tolerably large, and well formed—for small globules, resembling dust, are a sign of its bad elaboration, and of its insufficiency.

Too few, or too many globules, are equally injurious.

The milk varies in its composition according to the idiosyncrasy, temperament, constitution, the time elapsed since the accouchement, the time since the last repast, the regimen of the nurse, the action of the genital organs, etc.,

etc.; but the differences are not so great as to modify the precept: "If the infant thrives then the milk is good."

The milk is altered in composition by the febrile state, and by acute and chronic diseases.

Fever diminishes the quantity of milk, reduces the number of its globules, and concentrates its solids in a smaller proportion of water.

The effect is the same, in different degrees, in all acute affections and in some chronic ones.

Pus is sometimes mixed with the milk in cases of abscess of the breast.

The influence of diseases upon the composition of the milk is not special and specific, for they all have the same effect, which is the same as that of fever.

The milk of a healthy nurse, which is too rich or too highly charged with solid elements, is indigestible, and causes diarrhoea.

Milk altered, reduced and impoverished by fever or by disease, also causes diarrhoea.

Milk altered in its composition by fever or disease does not always exercise an injurious influence upon the health of the child.

Whatever may be the cause of alteration in the composition of the milk, the result is always the same for the infant—the accidents which arise have always for their seat the digestive canals, and diarrhoea is always the consequence.

Milk which does not present any alteration appreciable to chemical analysis, may yet be altered in its intimate elaboration in such a manner as to make it an injurious aliment.

Spasms, or instantaneous convulsions, result ordinarily from changes caused in the secretion of milk by mental affections, too lively emotions and impressions, agreeable or painful, experienced by the nurse.

Mental impressions dry up, suddenly, the secretion of milk, or modify seriously the proportion of its solidelements. The happiness which a woman feels in fulfilling her duties of nurse, is the cause of the internal sensation at the moment she is going to nurse the child, known as the draught.

The premature return of menstruation in a nurse modifies slightly the chemical composition of the milk, and injures its elaboration; but if the infant does not appear to suffer, which often happens, the nurse may be retained.

A nurse should abstain from sexual intercourse if she experiences great excitement,

A nurse should likewise abstain through fear of pregnancy, which modifies the milk in quantity and quality, so as to render it injurious to the child.

A change of nurses has no injurious effects when necessary to replace a poor one by a better.

The nurse should be changed as often as may be necessary.

Suckling, by mother or nurse, may give place to artificial feeding.

Feeding by the nursing-bottle is far inferior to suckling, although when well carried on it sometimes yields highly satisfactory results.

Artificial foods should be administered during the earliest periods of life, by means of the nursing bottle, filled with tepid milk diluted with barley water or out meal gruel; afterwards with milk alone.

An infant needs nothing more than milk during the first months of life. At the age of six months it may commence to take light soups.

Greasy articles of food should not be given until after the first year.

The time of wearing should be fixed between the twelfth and twentieth month.

One of the periods of repose in the progress of dentition should be chosen for weaning—that which comes after the appearance of the first twelve or of the first sixteen teeth.

Weaning should be commenced by keeping the child from the breast during the night.

After some weeks' separation from the mother at night, the child should be denied the breast in the day-time also, and it thus arrives at an independent existence.

Infants and children should be carried into the sunlight and open air in all kinds of weather.

Clothes which fit the body without constriction are preferable in all weathers to loose ones, which expose different portions of the skin to the cold.

Infants should be washed in tepid water every day, and as they become habituated to it, in water nearly cold.

Morning Sickness; Its Significance as a Symptom.

We take from the British Medical Journal, of 24th March, the following extract from a communication by Dr. Inman, of Liverpool, on Morning Sickness; Its Significance as a Symptom:

1. Why are pregnant women sick? 2. Why does the sickness occur in the morning? 3. Why does it occur during the early months more frequently than the latter? 4. Why does not morning sickness attend a distended bladder, bowels distended by flatus, ovarian dropsy, or fibrous or other tumors of the uterus, as often as it attends pregnancy? 5. Does morning sickness attend any other complaint? if so, what have these in common with pregnancy? 6. What is the proximate cause? is it to be sought in the stomach itself, the brain, the uterus, or all combined?

In answering these questions, we light upon an interesting series of facts. All pregnant women do not have the symptom in question; many escape it entirely; others have it at one time and not at another; some of those who escape it have flatulence and other signs of dyspepsia; others, simple faintness. If we dive still deeper, we find it common among town-bred women, and rare among the healthiest of the rural population. We find, as I have had repeated opportunities for observing, that a lady who suffers from it in a town is comfortable the day after she resides in the coun-

try, and is ill again the day after her return; and that, for such an one, a prolonged residence in a pure air prevents morning sickness altogether. It is clear, then, that women are not sick simply because they are in the family way; there is something required in addition to that, to produce the vomiting.

We next note that the sickness is most common in the morning; but it is not generally present so long as the woman is lying down; nor, if the recumbent posture is continued, will it come on. But no sooner is the erect posture assumed, than nausea comes on, and increases until vomiting follows. Now, as we cannot see any material difference in the circulation through the stomach when a person is standing and lying down, we infer that we must carry our observation to some other part of the body likely to be influenced by change of posture.

A moment's consideration points us to the brain, as being the organ most affected by change of posture. A hundred cases occur to our recollection of faintness and siekness being produced in delicate individuals by assuming the erect posture; and we also remember that vomiting is a common sign of "water in the head." But it is a tolerably certain fact that very few delicate people do have morning sickness when they get up; consequently, a change in the cerebral circulation alone will not be sufficient to account for it.

We now attempt to get some further insight into the causes which produce it, by examining under what circumstances it comes on in males, children, and elderly people. A gentleman, with his wife (who was not enciente), when crossing the Atlantic, both had this symptom to a marked degree. During the day, they could stand the motion of the steamer pretty well; they never could do so before breakfast. Champagne did more to relieve them than any thing else. The sickness came on invariably, as soon as they attempted to stand up. Mr. W., aged 56, consulted a friend of mine for what he called dry vomiting. It came on regularly every morning as soon as he got up; and he facetiously observed that, if he were a woman, people would

say he was pregnant. The man was an habitual spiritdrinker, and indulged heavily over night; and there was reason to believe that he had an ulcer in the stomach. A few days ago, I was consulted by a clergyman living in the country; and one of the most prominent of the symptoms complained of was nausea as soon as he got out of bed, which was very frequently (twice or three times a week) accompanied by actual vomiting; and, as is common in pregnancy, a little mucus alone was ejected, and some flatus. In his case, the disease seemed to be ulcer of the stomach, or atonic dyspepsia. Turning to Dr. Brinton's interesting treatise on this complaint, we find: "Lastly, in those rarer instances in which the act of vomiting comes on quite independently of the ingestion of food, for example, shortly after rising from a night's sleep the vomiting, which is often periodic, is frequently connected with habitual drunkenness, especially with the collapse that follows a debauch" (p. 76). The clergyman was on his way to Southport when he consulted me, and he has subsequently called to say that the morning sickness has left him since his residence there.

We may next remark, as a matter of fact, that children and delicate people generally have anorexia in the morning, even if they have not vomiting; and sometimes they are totally unable to eat any thing at breakfast, from a feeling of faintness or sickliness. This is a tolerably sure indication of deficiency of digestive power in the stomach and in the body generally, and is best met by the use of some mild stomachic and fluid food.

When we inquire how much the condition of the uterus influences the vomiting, we find that the sickness is not produced by simple enlargement of the organ; for it is not a common sign during the gradual distention that takes place from accumulation of the catamenia in cases of imperforate hymen; nor is it from pressure in the pelvis, direct or indirect, for the symptom is generally absent from first to last in ovarian dropsy; nor is the sickness produced by growths within the cavity of the uterus, for it is not a common sign in cases of uterine polypus, etc.

We can not lay much stress upon these facts; yet we may remark, that morning sickness accompanies the formation of moles, etc., which are supposed to be the result of an act of generation; and that it also accompanies extrauterine pregnancies, as far as we can judge from the few cases recorded, quite in the same proportion as the intrauterine.

In the causation, then of morning sickness, we infer that "uterine sympathy" does not hold so prominent a place as the formation of a new being. But neither the one nor the other hold sufficiently prominent a place to give to them the most important rank, inasmuch as neither one nor the other produces the sickness, unless other conditions are present.

We ask, next, what these are? As the symptom in question does not occur in perfectly healthy and strong women, we infer that its occurrence depends upon some deterioration of vital power. As deterioration of vital power involves, to a greater or less extent, deterioration in all organs of the body, we infer that, in the cases in question, there is deficiency of vital power in the brain, and in the stomach.

If this inference be true, we shall find that the best remedies for morning sickness will be those which improve the condition of the patient generally, those which improve the steadiness of circulation in the brain, those which improve the tone of the stomach, those which deaden the sensibility of the organ which has been preternaturally increased by debility.

Of the influence of change of air upon morning sickness we have already spoken. If this can not be adopted, we must act upon the principle, "Diminish the daily work gone through as far as possible, and increase the power to do it."

EDITORIAL AND MISCELLANY.

The American Medical Association.

This body, representing the interests of the whole Medical Profession in the United States, holds its annual session in New Haven, on the first Tuesday of the present month, and we hope that much will be accomplished by it towards elevating the standing and dignity of the profession in our country. Many questions of great and vital importance will be brought before this body, and it is to be expected that they will act upon them in such a manner as will give satisfaction to themselves and their constituents; for to the delegates to this Association the medical men all over the land are looking with eager eyes and bright anticipations. If they will only remember the position they occupy, and the great responsibility resting upon them, we feel confident that none of them will disappoint us.

Extracting Foreign Bodies from the Eye-Lids.

Dr. Leon Renard, in a note to the editor of Union Medicale, describes the following method of extracting small substances which have become lodged in the groove formed by the reflection of the conjunctiva from the upper lid to the sclerotic, and which often cannot be seen when the lid is inverted: The lid being seized at its angles between the thumb and fore-finger of each hand, is to be gently drawn forward and downward as far as possible over the lower lid, and retained there for about a minute. On allowing the upper lid to return to its normal position, the flow of tears will carry off the foreign body, which will usually be found on the lower lid, or one of the lashes, or on the cheek. The writer states that he has often found this simple method of the greatest utility and convenience.

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The Medical Uses of Electricity in the treatment of Nervous Affections.

A new and important medical work, now in press, and will be issued in the course of a few days, by Messrs. Ticknor & Fields. This will be a thoroughly systematic work of over 700 pages, and finely illustrated with nearly 100 cuts, showing not only the best "Methods" for the therapeutical employment of Electricity in the various nervous diseases, but also showing the anatomy of the parts (nervetrunks and muscle fibres) liable to be involved; moreover presenting a concise view and means of diagnosis of the great variety of nervous affections met with in in everyday practice. This work is from the pen of Alfred C. Garratt, M. D., of Boston, who of late years, it is well known, has made this difficult department of medicine his speciality. It is addressed to medical students, and is dedicated to Dr. John Homans, President of the Massachusetts Medical Society. It is intended for the professional eye. There is no similar work in the English language.

We had the pleasure, during the past month, of listening to a Lecture on "The Harmony of Nature," delivered in our town, by Prof. HEMMING, of the Oglethorpe Medical College, in Savannah, and must say we were much pleased with his remarks. His happy style, fine conception and easy delivery, must make him a popular lecturer.

OINTMENT FOR WARTS.—The Repertoire de Pharmacie re-produces from the Algemeine Medical Central Zeitung, the following prescription for an ointment strongly recommended by Dr. Blaschko for the destruction of warts:

Rx. Potassæ Chromatis, grs. ij.; Adipis, drachms j. The excrescences should be rubbed with this preparation twice a day, and in the space of three or four weeks the most inveterate verrucose productions are said to be entirely removed.

MIXTURE FOR DISPELLING INEBRIETY.—Several periodicals have stated that Dr. Beck, of Dantzing, has discovered a mineral paste, the true antidote of inebriety. M. Chevallier, who mentions the circumstance in the Journal de Chimie Medicale, remarks that the real specific for intoxication is acetate of ammonia, exhibited according to the form of Mazuyer.

Rx. Ammoniæ Acetatis, 2 to 2 1-2 grs. Aq. cum saccharo, 5 oz.

To be taken in one dose.

Proceedings of the Medical Association of Georgia, for 1860.

[From the Atlanta Medical and Surgical Journal.]

The Medical Association of Georgia assembled in the City Hall at Rome, at eleven o'clock, April 11th, 1860.

The House being called to order by the President, Dr. F. S. Colley, the deliberations of the body were introduced with prayer, by Rev. Mr. Jones, of Rome.

The roll being called, the following regular members answered to their names:

J. G. Westmoreland, J. P. Logan, J. N. Simmons, Hayden Coe, W. F. Westmoreland, A. G. Thomas, H. W. Brown, of Atlanta; Eben Hillyer, R. C. Word, T. J. Word, of Rome; DeSaussure Ford, Robert Southgate, of Augusta; A. M. Boyd, W. A. Culbertson, of Cave Spring; F. S. Colley, of Monroe; J. N. Coe, of Flat Rock; S. W. Burney of Forsyth; J. T. Banks, of Griffin; J. R. McAfee, of Dalton; W. C. Brandon, of McGuire's Store; W. P. Bond, of Lithonia, and Johnson Matthews of Yellow River.

The minutes of the last meeting were then read and confirmed. Rules being, on motion, suspended, the following candidates were, on written application, accompanied with suitable vouchers, elected to membership in this Association: J. B. Underwood, John M. Gregory, A. B. Gregory, Wm. Terrell, J. King, J. W. B. Nowlin, J. C. Reese, T. F. Jones, of Rome; L. Price, D. F. Forman, — Wall, Z. L. Waters, of Calhoun; B. B. Brown, J. A. Black, of Dalton;

M. F. Crumley, Atlanta; V. M. Hodgson, Villa Rica; E. A. Ware, Floyd county; D. R. Richardson, Mouroe. Walton co.; N. C. Mason, Cass co.; E. L. Conally, Fulton co.; G. M. McDowell, Pike co.; J. N. Smith, Tilton; A. H. Shi, Newton co.; M. R. Ballenger, Floyd Springs.

Election of officers being in order, the President ordered a ballot for President. Dr. Burney proposed the name of Dr. H. Coe, of Atlanta. Dr. T. J. Word proposed the name of Dr. Robt. Southgate, of Augusta. Dr. Southgate's name being withdrawn, Dr. H. Coe was, on ballot, declared unanimously elected President for the current year. Dr. Logan proposed the name of Dr. T. J. Word, of Rome, for On ballot, Dr. Word was declared first Vice President. unanimously elected first V. P. Dr. Hillyer proposed the name of Dr. Robt. Southgate, of Augusta, for second Vice President. On ballot, Dr. Southgate was declared unanimously elected 2d V. P. Dr. Banks proposed the name of Dr. A. G. Thomas, of Atlanta, for Cor. and Rec. Secretary and Treasurer. On ballot, Dr. Thomas was declared unanimously elected. Dr. Logan proposed the name of Dr. S. W. Burney, of Forsyth, for Orator at the next meeting. On ballot, Dr. Burney was found to be unanimously elected next Orator. On ballot for Alternate Orator, Dr. W. F. Westmoreland was declared unanimously elected.

On motion, the President appointed as a Committee, to induct the President elect into the Chair, Drs. Banks, Hillyer and A. M. Boyd.

Dr. Colley, on retiring from the Presidency, delivered a short, but beautiful and appropriate address—very strikingly marking some of the causes which tend to the lowering of the standard of the Medical Profession.

Dr. Coe was then inducted into the Chair, and assumed the duties of the office by making a few chaste and happy remarks.

On motion, the Association adjourned till 3 o'clock, P. M.

AFTERNOON SESSION, 3 o'clock, P. M.

House was called to order by the President. The President called for the introduction of business requiring early

action. Dr. Logan moved, that the Association appoint 7 1-2 o'clock, P. M., as the hour for the delivery of the Annual Oration—carried. Dr. Boyd moved, that the President appoint a Committee of five to nominate Delegates to the American Medical Association—motion carried. Committee, Drs. Colley, Logan, Burney, Southgate and Banks.

•On motion of Dr. Colley, Association determined to send two Delegates to the Convention for revision of Pharmacopoeia, to assemble in Washington, D. C., in May next. Dr. Logan proposed the names of Prof. I. P. Garvin, of Georgia Medical College, and Prof. J. G. Westmoreland, of Atlanta Medical College. On ballot, Drs. Garvin and Westmoreland were unanimously elected Delegates.

Dr. Burney offered the following resolution:

Resolved, That Dr. Colley be requested by this body to furnish a copy of his address delivered this day, on retiring from the Presidency, to some one of the Medical Journals of the State, for publication.

Resolution unanimously adopted.

Reports of Auxiliary Societies being called for, no report was offered. Rules being suspended, Dr. J. G. Westmoreland moved, that the Committee on nomination of Delegates to American Medical Association, be instructed to select eighteen names. Dr. Banks offered as a substitute, that as many be selected as this body is entitled to. Substitute being put to vote, was carried.

Order being resumed, Written Communications were called for—no report.

On motion of the Secretary, Voluntary Written Communications were called for.

Dr. Boyd presented a report of a case of Ulceration of Cervix Uteri.

Dr. Southpute then presented a very interesting Essay, entitled, The Tendency to abandon the Practice of General Blood-letting in the Treatment of Disease—is it evidence of an advance or retrograde movement in Therapeutics?

On motion, Association adjourned till 9 o'clock, April twelfth.

At 7 1-2, P. M., Association listened to the very elegant Annual Address, by Dr. H. W. DeFord, of Augusta.

SECOND DAY, 9 o'clock, A. M. April 12th.

Minutes of yesterday were read and confirmed.

Regular order being taken up, Dr. Burney presented a case of Laceration of Uterus.

Dr. T. J. Word moved, that the authors of the papers presented to this meeting, be requested to furnish them for publication in some of the Medical Journals of this State—carried. Dr. R. C. Word offered the following resolution:

Resolved, That members of this Association, having unfinished Essays designed for this occasion, shall be allowed to complete them and have them published by order of this body.

Oral communications being called for, W. F. Westmoreland, M. D., Professor of Surgery in Atlanta Medical College, presented an instrument, of his own invention, for making a section of small strictures of the urethra without dilatation, with bad case successfully treated.

Prof. W. F. Westmoreland presented a report of various experiments upon animals, a brief synopsis of which is here introduced, with a view to determine the practicability of ligating arteries with silver wire, and the closure of wounds of the external surface and internal organs, as intestines, &c., with the silver suture.

Experiment 1.—Subject, a pup five or six months old. Left carotid artery ligated. Result—Death of the pup from severing the artery by scratching. Exp. 2.—Pup, six weeks old; right femoral artery ligated. Result successful, ligature encysted. Exp. 3.—Dog, two or three years old; right femoral artery ligated. Result successful, artery obliterated; ligature beautifully encysted. Exp. 4.—Dog, two or three years old; longitudinal incision in small intestine, two and a half inches in length. Result—Dog found dead in forty hours after operation, bowels protruding through external opening, wound united. Exp. 5.—Dog, very old; right femoral artery ligated. Result successful,

artery obliterated, ligature encysted. Exp. 6.—Dog, two or three years old; incision one and a half inches long in intestine. Result successful, wound closed, suture encysted. Exp. 7.—Dog, two years old; right common iliac artery ligated. Result—Artery obliterated, ligature encysted. Exp. 8.—Spaniel, two or three years old; longitudinal incision, two inches, made in small intestine. Result—Bowel united, wire encysted. Exp. 9.—Dog, two years old; attempt to ligate abdominal aorta. Result—Rupture of aorta ligated, lived only a few hours. Exp. 10—Spaniel, young; abdominal aorta ligated. Result successful; aorta obliterated, ligature encysted. Exp. 11.—Bitch, supposed five or six years old; section of small intestines, one and a half inches, removed. Result—Lived forty hours, wound united.

In some of these cases, Chloroform was administered—in the others, Sulphuric Ether.

Dr. Duges, through Dr. De Sausure Ford, presented a report of a case of Epesioraphy, and also a report of a case of Staphyloraphy. Dr. Colley reported "an anomalous case of delivery." Dr. W. F. Westmoreland reported success in restoring respiration in animals, when chloroformization had been carried too far, by artificial respiration, effected by the introduction into the trachea of a large elastic bougie through which air was forced by a common hand bellows.

Report of Committees appointed at last meeting to report to this meeting, in order.

Report of Committee on revision of Constitution and By-Laws, called for. No report.

Report of Committee on Medical Literature, called for. No report.

On motion, both these Committees were continued, with instructions to report at next meeting.

Report of Committee on nomination of delegates to American Medical Association, called for. Committee reported the following names: Drs. Southgate, T. B. Phinizy, L. D. Ford, H. H. Steiner, Augusta; Drs. J. P. Logan, H. Coe, J. N. Simmons, Atlanta; Drs. J. T. Banks, E. F. Knott, T. M. Darnall, Griffin; Drs. W. G. Bulloch, Juriah Harris,

Savannah; Drs. Robt. Battey, T. J. Word, Rome; Drs. F. S. Colley, D. R. Richardson, Monroe; Dr. S. W. Burney, Forsyth; Dr. W. W. Flewellyn, Columbus; Dr. R. A. T. Ridley, LaGrange; Dr. J. R. McAfee, Dalton; Dr. G. L. McClesky, Athens; Dr. W. Meire, Madison; Dr. E. O. Ware, Cartersville; Dr. Alex. Means, Oxford; Dr. S. P. Lumpkin, Watkinsville.

On motion of Dr. Boyd, report was received and adopted. Selection of place for next meeting being in order, Dr. J. N. Coe, proposed Atlanta; Dr. T. J. Word proposed Macon. Dr. J. G. Westmoreland moved that a Committee be appointed to report a place for next meeting. Dr. Hillyer moved, as a substitute, that a vote on that question be taken by ballot. Motion carried.

On ballot, Atlanta was declared the place chosen for holding next meeting of this Association.

On motion of Dr. Boyd, the Chair appointed a Committee of three to nominate Essayists for next meeting. Committee —Drs. Boyd, Logan, and Southgate.

Dr. T. J. Word offered the following resolution:

Resolved, That the experiments of Prof. W. F. West-moreland are highly commendable, and it is hoped they will be continued, and result in great good to the Profession.

• Dr. T. J. Word moved that sections 3rd and 4th, Art. 1st, Chap. 2, of the code of Medical Ethics, be published with the minutes of this meeting. Carried.

Dr. W. F. Westmoreland moved that the Secretary be instructed to have 500 copies of the Constitution and By-Laws of this organization, published, and distribute them to its members.

Dr. Logan moved, as a substitute, that the Committee on Constitution and By-Laws be empowered to revise the same, and publish 500 copies.

Dr. Brown moved to amend, by adding that the Secretary be required to distribute the copies so published to members.

Dr. Colley moved to table the motion. Dr. Colley's motion lost.

The original motion, as amended, was then put to vote, when the vote resulted in a tie. The President voting in favor of the motion, it was carried.

On motion, the Treasurer was ordered to draw on Treasury for founds to be furnished to Committee on Constitution and By-Laws, to pay for 500 copies, to be published as soon as practicable.

Dr. R. C. Word offered the following Resolution;

Resolved, That notice be now given that at our next meeting a vote shall be taken to determine a place for the permanent location of this Association.

Dr. Ford offered as a substitute:

Resolved, That notice be now given that at our next meeting, this Association determine whether or not this Association shall be permanently located, and if decided to locate, the place shall be chosen.

The substitute being put to vote, was carried.

The Committee on Essayists reported the following list of names;

King, Battey, Hillyer, T. J. Word, Rome; W. F. Westmoreland, D. C. O'Keefe, Atlanta; Doughty, Augusta; B. B. Brown, Dalton; J. T. Banks, Griffin.

On motion, report was received and adopted.

Dr, Logan moved that the Committee on Constitution be required to revise the list of names of members. Carried.

On motion of the Secretary, that part of the proceedings continuing the committee on constitution, was reconsidered.

On motion of the Secretary, the President was required to appoint a new Committee of five to revise Constitution and By-Laws.

Dr. Ford moved that the Committee be appointed from one place. Motion lost.

The President appointed as that Committee, Drs. A. G. Thomas, H. W. Brown, L. D. Ford, H. F. Campbell, J. T. Banks.

On motion of Dr. Boyd, the President appointed as the Committee of Arrangements for next meeting, Drs. H. W.

Brown, J. G. Westmoreland, J. F. Alexander, D. C. O'Keefe, J. N. Simmons.

Dr. W. F. Westmoreland moved that a Committee on Finance be appointed to devise some means of raising funds for the use of this Association, and to report at next meeting; carried. Committee—W. F. Westmoreland, F. S. Colley, R. C. Word.

Dr. R. C. Word offered the following Resolution:

Resolved, That the President appoint a Committee of five to memorialize the Legislature of Georgia, at its next session, to abolish the professional Tax upon Physicians, and to urge the passage of an act requiring the Inferior Court of each County to set apart such portion of the County Tax as the Grand Jury shall recommend, to purchase drugs for the benefit of the poor. Adopted.

Committee—Drs. R. C. Word, B. B. Brown, J. G. West-moreland, Burney, Southgate.

Dr. Simmons offered the following Resolution:

Resolved, That the thanks of this Association be tendered to the city authorities of Rome, for the use of their Hall, and to the Physicians and citizens of the city, for their kind attention to the members of this body during its present session.

Resolution adopted.

On motion, the Association adjourned to meet in the city of Atlanta, on the second Wednesday in April, 1861.

From the Code of Medical Ethics, Chapter Second.

SECTION 3.—It is derogatory to the dignity of the Profession, to resort to public advertisements, or private cards, or handbills, inviting the attention of individuals affected with particular diseases—publicly offering advice and medicine to the poor, gratis; or promising radical cures; or to publish cases and operations in the daily prints, or to suffer such publications to be made; to invite laymen to be present at operations—to boast of cures and remedies—to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of em-

pirics, and are highly reprehensible in a regular physician.

Section 4.—Equally derogatory to professional character, is it, for a physician to hold a patent for any surgical instrument or medicine; or to dispense a secret nostrum, whether it be the composition or exclusive property of himself or of others. For if such nostrum be of real efficacy, any concealment regarding it is inconsistent with beneficence and professional liberality; and if mystery alone can give it value and importance, such craft either implies disgraceful ignorance or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or medicines, or in any way to promote the use of them.

A. G. THOMAS, Sec. M. A. of Ga.

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ORIGINAL COMMUNICATIONS.

INTERSUSCEPTION.

BY HORATIO N. HOLLIFIELD, M. D., SANDERSVILLE, GA.

Intersusception is as greatly to be feared as to be deplored. Difficult of diagnosis and always attended with danger to the patient, a majority of cases, in defiance of the skill of the ablest and most experienced physicians and surgeons, terminate fatally.

This affection (invagination of the intestine,) occurs when one portion of the intestine is forced into another, or when a knot or loop is formed in the intestines, or by their twisting upon themselves; which may be caused by violent spasmodic action, or an increased amount of peristaltic action of the intestines.

Intersusception generally takes place in the ileum near to the colon—although it may occur in any portion of the intestine—by an upper portion being forced into a lower, or a lower into an upper, as is often to be seen in post mortem examinations. Sometimes the adhesion of one portion of intestine with another is found to be so great as to demand a large amount of force in order to break up its attachments; and, at times, they are so strong that it is impossible to separate the parts without materially injuring them.

Whenever this affection occurs, it is always characterized by such symptoms as are present in cases of strangulated hernia; but owing to the great difficulty of diagnosis, as to whether the train of symptoms are caused by intersusception or some other intestinal obstruction, it is hard to judge the case and put it under an appropriate form of treatment. Gastric irritation, nausea, acute pains, often complained of as colic, fever, abdomen often tympanetic, desire to go to stool, attended with violent tenesmus. These are the principal symptoms of this affection. Sometimes the point of strangulation can be felt, by pressing the abdomen, in the form of a tumor, and the vomiting of stereoraceous matter are the principal symptoms characterizing cases of intersusception.

The treatment of this affection is generally by means of warm baths, blood-letting, and the free use of opium or morphine, until the system is completely relaxed. If the obstruction of the bowels be dependent upon a spasmodic stricture, it will be overcome and the patient recover. The introduction of air into the intestines by means of a common bellows is often used, and, I am happy to say, with some success. The forcing of large glysters into the colon is also recommended; and the introduction of long tubes. and the forcing of fluids through them, has also been successfully tried. Quicksilver has been administered, and melted lard given in very large doses. The operation of Laparotomy has been advised and performed for the purpose of removing the causes of obstruction from the intestines. This operation, however, has met with but little favor, and is, in fact, condemned by many therapeutists. It is now entirely discountenanced by a great majority of the medical profession.

Having had several cases of intersusception under my care during the past year, and thinking that they will interest some, I annex a brief account of two of them.

CASE 1. A negro woman aged about thirty years, of a full habit, plethoric, in good health; attacked with general febrile symptoms, and complaining of costiveness, had a dose of oil administered, which failing to operate, she took a dose of salts with no better success. At night she was

seized with pains of the most excruciating character in the abdomen and right lumbar region, in consequence of which, I was sent for, and informed by the boy who came after me, that the woman was laboring under a very severe attack of colic, and would die soon if something was not done to relieve her. On arriving at the house and examining the patient, I found the tongue coated, the pulse quick and full, the abdomen tender and slightly tympanetic, the woman vomiting stercoraceous matter. In about an hour after I arrived. I gave her half a grain of the acetate of morphine, repeating every fifteen minutes until she had taken two grains, which relieved her pain at the time, but it returned in about six hours, when she again vomited: fecal matter. Gave her large and frequent injections without any effect; applied croton oil to the abdomen in order to bring on a desire to go to stool and evacuate the bowels, but it failed to produce an operation. I then tried tobacco, but unsuccessfully. The woman continued to suffer greatly, unless fully under the influence of opiates. Warm applications had been kept up all day. In the evening she sank into a stage of collapse—extremities cold, pulse very rapid and weak, and deficient in force and volume. From this condition she was roused by means of stimulants, freely administered, She was very weak, and on being raised up in bed fainted twice in consequence—once in my absence. At night, myself and partner, Dr. T. W. Newsome, succeeded in passing into the rectum a long tube, and injected, by means of a stomach pump, over a quart of warm soap suds; but, like all the other injections which had been given so freely during the day, it appeared to do no good. Not discouraged, however, we administered it a second time. and succeeded in introducing the tube to a greater extent and in injecting three pints of fluid. This had the desired effect; a passage was effected, and the operations were large and good; the stimulants were required very freely; the pains in the abdomen disappeared, but the tenderness remained for some time afterwards. The patient from that time forward rapidly improved, and in about ten days from

the time the first evacuation was obtained, she was able to be up and attend to her domestic duties.

A lady, (Mrs. N-, of S.,) about thirty-three years of age. She had suffered for a long time with dyspepsia and neuralgia, and sometimes with bilious colic. Thought she had an attack of this kind on Tuesday night; was better, however, on the following day, when she was attacked with sharp lancinating pains in the back and abdomen, and violent retching and vomiting. On Wednesday evening, May 23d, I visited this case in connection with We gave her one-quarter grain of morphine, Dr. Smith. and finding that the pains were still severe, and the vomiting continuing, gave a tumbler full of warm water, thinking that possibly the vomiting depended entirely on the presence of some substances in the stomach. After the water was thrown off, we administered a quarter of a grain more of morphine, and in about half an hour gave her another The vomiting, after that, stopped, and the patient seemed to rest easy until about 12 o'clock that night, when there was a return of pain similar to cramp. Morphine was again given, followed with strychnine, in solution, in doses of one-thirty-sixth of a grain every four hours, for the purpose of relieving the pain, which, it was thought, might be neuralgic. The next morning, Thursday, May 24th, the vomiting was not so frequent as the night before. Gave hydrg. chl. mite five grains every four hours, in form of pill. Patient seemed somewhat better; the pains in the abdomen still continued, and a large blister of cantharides was applied over its whole surface; ordered injections to be given every two hours. She then appeared to rest easy; spent a much better night, and seemed greatly improved for a short time. Friday, May the 25th, the pain got worse and the vomiting re-commenced. Administered hydrg. chl. mite in small doses, and dressed the blister with simple ointment, sprinkling over it two grains of morphine, which relaxed the system and caused the patient to rest easier. Her pulse was soft and regular; did not denote much intestinal irritation; the skin soft; the abdomen not

distended and not very tender. Administered pills of hydrg, chl. mite, ext. of colycinth and castor oil, in large doses. Seemed to be better; then gave copious injections af warm soap suds every two hours-one of them containing about a drachm of aloes—but the obstruction in the bowels was not removed. The patient, however, seemed easy, although the countenance appeared anxious; the lancinating pains in the abdomen and back were at times very severe; the morphine was continued, and a small quantity of salts added to the injection. The next morning, Saturday, May 26th, she was no better. It seemed impossible to obtain an operation on the bowels; the vomiting was very frequent and severe, and a large amount of stercoral matter was thrown up. Gave the melted lard in large doses without any effect; fecal matter in small quantities continued to be thrown from the stomach. The long tube was then introduced, and stimulant injections, as large as possible, were thrown into the intestine, but without avail. Our patient began to sink; and although everything which promised relief was tried by Dr. Smith and myself, and Dr. Brantley, who had been called in consultation on Saturday morning, with Prof. Hemming, who had also visited the case, yet we could accomplish nothing; and at 12 o'clock on Sunday, May the 27th, she breathed her lastdying easy, after an illness of only four days. There was but little increase of tenderness in the abdomen on pressure, and the pains in the back and abdomen continued to the end. Stercoral matter was voided by the mouth up to the time of death. No evacuation from the bowels was obtained from the time she was first attacked. No post mortem examination of the case was made.

Domestic Practice.

BY A. C. C. THOMPSON, M. D., SANDERSVILLE, GA. (Continued from page 71.)

In every part of the physical world, life and action are maintained by the circulation of matter. Above, below, around, within and without, all is circulation; all is action.

This beautiful and unceasing circulation of matter occurs in every department and ramification of nature. In the distillation of vapors and the pluvial torrent; the pearly dew-drop and the rushing cataract; the murmuring rivulet and the storm-lashed ocean; the slow disintegration of rocks and the terrific eruptions of volcanoes; the microscopic fungus and the banyan of India; the invisible animalcule and the cetacean monster.

We will not stop to contemplate this interminable series of circulations, which might afford employment for a lifetime; but proceed to complete our brief outline of the systems in human physiology.

The Circulating System is reparative; its chief functions being to convey the nutritive elements, elaborated in the digestive system, to every part and tissue of the body for assimilation, and to eliminate from the body those elements that have become infected with the principle of decay.

The organs of the circulating system are, the heart, arteries, veins and capillaries. The blood is the medium for transmitting the building materials to the wasting tissues, and also for carrying off a large portion of the waste matter from the system.

The chyle, after being collected from the intestinal canal by the lacteals as before mentioned, passes upward through a tube called the thoracic duct, and is poured into a large vein (the left subclavian,) situated under the left clavicle, or collar bone. Here it mingles with the venous blood, and by this means a constant supply of nutritive matter is afforded.

Blood taken from an artery presents a bright scarlet color. This is the pure blood which is sent out from the left ventricle or cavity of the heart, and forced through the arteries to every part of the system. The blood drawn from the veins has a dark purple color. This is the blood returning to the heart, after it has passed through the various tissues, distributed its assimilating elements, and imbibed a considerable quantity of waste carbonaceous matter, which gives it the dark purple color. This dark venous blood cannot enter the arterial circulation again until it is purified. For this purpose, after being received into the right ventricle of the heart, it is sent to the lungs, where it parts with its carbon, becomes purified, is sent back to the left ventricle of the heart, and forced out through the arterial circulation as before described.

The nutrition of the various tissues, and the change from arterial to venous blood by the collection of waste materials, is effected in the capillaries, which are very fine microscopic vessels interwoven through the tissues like net-work, and forming the connecting links between the arterial and venous circulations.

The Respiratory System performs three important functions. It converts the newly received chyle into blood, it disengages the waste carbon from the blood, thereby rendering it pure, and it maintains animal heat, by the chemical action which takes place between the elements of the blood and the oxygen of the inhaled air.

The chief organs in this system are, the larynx, (Adam's apple,) the trachea, (windpipe,) the bronchial tubes and the lungs.

The lungs are those light porous bodies vulgarly called lights, which fill the greater part of the cavity of the chest. They are filled with little air-cells, and when the dark venous blood meets with the air in these cells a portion of the oxygen of the inhaled air combines with the carbon of the blood, forming carbonic acid gas, which is exhaled, and another portion of oxygen combines with the newly received chyle converting it into albumen, fibrine, caseine, &c., which are the reparative elements of pure blood.

If respiration should cease but for a few moments, the impure blood would act as a poison, and death would ensue.

Hence, the importance of maintaining this important function unrestrained, and in as pure an atmosphere as possible.

The Nervous System is not only the medium through which we hold intercourse with the material and intellectual worlds, but it regulates to a great extent the functions of all the other systems. The organs of this system are the brain, spinal marrow and nerves.

The brain, which is the great nervous centre, has been fitly compared to a galvanic battery, the nerves to the wires or poles of the battery, and the sensations and volitions passing to and from the brain are supposed to resemble the electric or galvanic currents that pass along the wires of a battery.

Nervous filaments branch out from the brain and spinal chord and ramify to every organ and part of the body, so that every part except a portion of the hair and nails may be said to possess sensation. The bones have but little sensation.

Before voluntary muscular action takes place, the idea must be conceived in the brain, and communicated through the nerves to the particular muscle that performs the action. And every sensation of sight, hearing, taste, smell, or touch, is conveyed to the brain through the nerves of the organ affected. If the principal nerve leading to any particular organ shall be cut off, the functions of that organ will immediately cease.

Having given a very concise view of the various systems, I will now speak of the diseased condition of some of the most important organs, and the most simple mode of treatment.

We will here remark, that these articles were not intended for the professional eye; else, we would not have introduced the brief outline of human physiology, with which every well read physician is very familiar. Our object was, to furnish matter for the unprofessional readers of the journal; and hence, we have studiously avoided prolixity and learned technicalities, only such few as we have explained.

We commence with the Digestive System; and as the

most prominent organ of that system, we first take the stomach. This important organ is the receptacle and laboratory of the food. Its walls have three coats; the inner coat is a mucous membrane, the middle coat is muscular, and the outer coat is a serous membrane. Mucous and serous membranes are both secretory. A mucous membrane secretes a thicker fluid called mucus, and a serous membrane secretes a thinner watery fluid called serum.

The inner or mucous coat of the stomach in a healthy state, presents a light pinkish appearance, considerably corrugated or wrinkled. In this coat are situated the little glands that secrete the gastric juice, which is the chief solvent of the food.

The stomach is liable to be inflamed from various causes, such as the introduction of corrosive poisons, indigestible substances, highly stimulating articles of food or drink, or even an undue quantity of what would be wholesome food if taken in proper quantity. In this pathological condition it presents a deeper red color, according to the intensity and continuance of the inflammation. In some violent inflammations of the stomach, the blood vessels are so turgid that the mucous coat is a dark red, with a marbled or pied appearance. This condition is frequently seen in old inebriates who have died from drunkenness. We once examined the stomach of a man who died from Asiatic Cholera, and found the interior of the stomach almost black, considerably abraded, and in several places the mucous coat entirely destroyed.

There is no term more apt to be misunderstood by many of the unprofessional than inflammation. Many persons confound it with mortification, or death of the part affected. Hence, we have frequently heard persons inquire thus about a patient. "Doctor, do you think inflammation has taken place?" and on being answered in the affirmative, they were quick to decide that there could be but little chance for the recovery of the patient.

Cholera Morbus. This is an irritable state of the stomach frequently caused by improper articles of diet. It is more

common in hot than in cold weather; which is probably owing to an excited state of the liver. Its symptoms are nausea, griping pains in the stomach, frequently attended with vomiting, and sometimes purging. The matter vomited generally consists of undigested or partially digested food, mixed with bilious matter. There is, generally, little or no fever during the first few hours of the disease, and no tenderness or soreness experienced from pressure upon the stomach; but after the disease has continued for some time, say from four to six hours, febrile symptoms supervene, and the stomach gradually becomes tender upon pressure.

Treatment. When the disease has been induced by improper diet, the stomach should be cleared of the offending matter, if it has not already been done by previous vomi-For this purpose, administer to an adult about 25 grains of Ipecacuanha mixed in half a tea-cupful of tepid water. If there is much pain, with vomiting or purging or both, prepare a mixture with equal parts of Laudanum, tincture of kino and spirits of camphor; say, half an ounce of each, and give to an adult a small tea-spoonful every forty or fifty minutes in a little sweetened water, until three or four doses have been taken or the symptoms have been At the time of giving this mixture, or even relieved. before, apply a large and strong mustard plaster over the stomach, and immerse the feet and ankles in warm mustard water.

If the bowels have not been acted upon during the attack, they should be opened by a large injection. To one pint of warm water add one gill of syrup or molasses, three table-spoonsful of castor oil, and one table-spoonful of common salt, administer moderately warm with a large syringe.

If the nausea and vomiting should continue after the contents of the stomach have been ejected, it may sometimes be relieved by small efferwescing draughts composed of twenty-four grains bicarbonate of soda in one glass, and twelve grains of citric acid in another, to which add one-

eighth of a grain of morphia, made palatable with lemon syrup. If the effervescing powders cannot be obtained, small pieces of ice chewed and swallowed at short intervals will sometimes have a soothing effect. Also six or eight drops of creosote given in an emulsion of sweetened gum Arabic water, sometimes relieves the nausea and vomiting.

After the violence of the attack has been subdued, if there is fever and tenderness of the stomach, several small doses of calomel, ipecacuanha and opium or morphia may be administered, and perfect rest and abstinence from food should be enjoined until the unfavorable symptoms have all subsided. Calomel, 8 grains; Ipecacuanha, 4 grains; Opium, 2 grains, or Morphia, 1-2 grain; mix and divide into three powders, and give one every three hours. When the patient has recovered, his diet for several days should be of a very mild character and in small quantities, to guard against a relapse.

When cholera morbus is attended with violent griping pains and cramps, about sixty drops of tineture of assafcetida with thirty drops of laudanum affords relief. Sometimes a warm bath with mustard added is beneficial, and occasionally relief has been given by cupping over the stomach. If the disease does not soon begin to yield to the first remedies, it is best to call in the family physician, as it may prove fatal in a few hours if not relieved.

Convulsions in the Early Stages of Pregnancy.

BY HORATIO N. HOLLIFIELD, M. D. SANDERSVILLE, GEORGIA.

Case 1. Mrs. W—n, aged twenty five years, with a vigorous and healthy constitution, married in December. In July following I was called to visit her; found her laboring under a great amount of excitement; very nervous; had spasms every hour in the day, which were very violent; pulse full and strong; bowels constipated.

Bled her freely until she complained of being very weak. Gave her hydrarg. chl. mit., rad. jalap, aa. grs. x., to operate upon the bowels; applied ice water to the head and

sinapisms to the extremities. Under this treatment the patient rested well all night; but in the morning she had another convulsion, not so severe as those of the previous day, and afterwards complained of very severe pains in the lower portion of the abdomen. On inquiry, her nurse informed me that there was some show. The pains continued, regularly increasing in power and frequency, until evening, when she miscarried, losing a fœtus which, from appearances, I judged to be of four months. During the paroxysms of pain in her labor she had one spasm, which caused me to bleed her again freely, partly to produce relaxation of the parts, which were unusually rigid. She gradually improved after this, and was soon able to get about.

CASE 2. Mrs. —, a lady aged about twenty-three years, whom I attended in consultation with Dr. S. D. Brantley. She had been married about a year; had complained of severe pains in the head for some time, but particularly on Wednesday evening, the 9th of May. Rested as usual during the night, but in the morning, May 10th, the pain in the head still continued. The action of the will over the voluntary muscles was partially suspended; in endeavoring to take hold of one portion of her dress she invariably found herself taking hold of a different part; had no appetite for breakfast, but drank a little coffee. After rising from the table she was seized with a violent convulsion, which lasted about half an hour, and was followed by two others in quick succession. Dr. Brantley was sent for, and saw her a short time after the last paroxysm. On examination he found her perfectly rational; pulse regular, neither full nor strong; and, under all the circumstances, deemed bleeding wholly inadmissible. bowels were somewhat constipated; complained only of pain in the head, resembling a common head-ache. was enceinte—had been so for five or six months.

Ordered cloths dipped frequently in cold water to be applied to the head; a bath of pepper water to the feet; small doses of the sulphate of magnesia, frequently repeat-

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ed, to relieve the bowels; left the patient doing apparently very well.

In the evening the convulsions returned, and followed so fast one after the other that she had no moment of consciousness after sun-down, when I was called in consultation with Dr. Brantley, who took off all her hair, and the pulse being full and strong he bled her as much as she could bear, taking about forty ounces of blood. We then anointed the region of the axilla with a strong unguent of aconite. This was the most available method of administering it, in consequence of her being unable to swallow, as she was in what might be termed a comatose state. After this, the convulsions did not occur so frequently; neither were they so violent. We continued the cold applications to the head, and the pepper water to the lower extremities.

May 11th. In the morning found the lady better. There was no show indicating miscarriage; pulse soft and regular; the patient able to swallow, but still not in the possession of all her faculties. Gave five drops of the tr. of aconite rad. in water, every two hours; and the bowels being still constipated, administered hydrarg. chl. mit., rad. rhi. pulv. aa. grs. xii., to be followed by small doses of the sulphate of magnesia every two hours, in order to produce free evacuations. We then left, and at 4 o'clock in the evening, with Dr. Brantley, I visited her again, and found a slight change for the better; the pulse soft, slow and regular; the skin moist and cool; the bowels open, there having been several operations since morning; stupor still continued; no spasm since morning. In consequence of the visible improvement in the case, which, however, was very slight, we continued our treatment, giving tr. aconite, with cold applications to the head, the warm bath to the feet, and another dose of hydrarg. chl. mit. and rad. rhi., to keep the bowels open—determined, however, to apply cups the next day and take blood locally, if the comatose state continued or the patient did not greatly improve by then. · Saturday, May 12th. Together, we again visited the

patient; found her much better; symptoms decidedly favorable; the stupor had disappeared and entire consciousness was fully restored, having become rational early in the morning; the pain in the head still continued. Applied a blister on the back of the neck, extending up some distance on the osoccipitas and around on each side to the temporal bones; gave the aconite in smaller doses and at longer intervals; ordered the bowels to be kept open, and continued the cold applications to the head.

Monday, 14th. The patient was visited by Dr. Brantley and found to be greatly improved; was discharged, and in a few days she had almost regained her usual health and spirits. In this case we had no bad sequence. The patient rapidly improved, and although some time has now elapsed and she is in good health, yet she frequently has pain in the head, which must necessarily cause her a great amount of uneasiness.

Convulsions of this character, occurring in the early stages of gestation and entirely dependent upon the condition of the woman, (her being enceinte,) are not common; yet they do very frequently occur, particularly in cases of Primiparas, and are always alarming, not only in consequence of the great amount of interest and solicitude felt by all in reference to the peculiar condition of the female, but also because of the danger of attacks of this kind.

The plan of treatment which I consider as being generally beneficial in these cases is as follows: Bleeding, local and general, to relax the system and relieve the congestion. Cathartics, to evacuate the bowels, and so relieve them. Sedatives, to diminish the force and volume of the circulation; and if miscarriage is threatened, I never attempt to prevent it. Counter irritants are also useful (after the most violent attacks have been subdued,) as preventives of inflammatory action.

Miscarriage is ofttimes the result of these convulsions. Frequently, and, in fact, generally, the patient is never permanently relieved until that takes place, or until she completes her full period of gestation and has given birth

to her child. Until then, she is in constant danger of a recurrence of these terrible and alarming attacks, which every physician should understand and be ready and able to treat with success.

What is Mind?

[A Fragment from E. C. Selected by A.]

What is mind? ask the physiologist and the anatomist. They are the followers of inductive and experimental sciences, they live in the investigation of man and his nature; but they are unable to furnish us with the required They scrutinize merely the external appearinformation. ance, noticing the distinctions which separate race from race, peculiarities of form, structure and temperament, which, if they do not cause, are intimately connected with the mental aptitudes and dispositions of men; but still all their investigations are founded upon matter and its properties. They plunge the dissecting knife into the frame, explain the form and functions of the viscera, divide the muscles which were once the agents of power, tear up the nerves which were once the channels of sensation and the conductors of the current of will, anatomize the lungs where vital heat was once generated, trace all the ramifications of the vascular system through which from that powerful fountain, the heart, flowed the stream of life. But in all this there is nothing but matter and its operations; we lay hold of no trace of the mind, but the brain still remains, and in connection with mind that is the most important of all the organs. After ages of disputation, during which the feelings and intelligence of men have been placed in the heart and other organs, all men worthy of scientific reputation have concurred in recognizing the brain as the seat of the mind, and modern science, if it has not already recognized, has a tendency to hold to the theory that from the form of the brain may be inferred the mental powers and their specific direc ion. Go, then, to the brain; let the keen edge of the ana mist's blade separate its fibres and dive into its

deepest recesses; notice its gray matter, its white matter and its cellular tissue; observe how its convolutions are disposed; mark how the nerves all tend here as to a common centre; those nerves, it is settled are the channels of those sensations which come to, and those volitions which go from the brain. Everything announces that this is the temple of intellect—the seat of the mind; but the structure is vacant, the occupant has fled; with life fled mind, with mind intelligence. We have here the mere physical organization which wedded to life produced thought; here, the highest conceptions of the poets, the most benevolent aspirations of the philanthropist, the profoundest theories of the philosopher had their rise and first become embodied as ideas,-now we see a mass of inert matter which does not bear upon it a trace of the noble uses which it has subserved. So, as a parallel, we may fancy with Hamlet, "Alexander's dust coming to stop a bunghole." The anatomist must tell you that all his researches end in the investigation of matter from the most gross to the most delicate of all tissues, from the massive muscles to the attenuated nerves; from the firm unvielding bones to the soft pulpy brain, all is matter still; the subtle essence, mind, which once pervaded it and made it the instrument of will, eludes all search and baffles all investigation.

In the performance of our duty, one feeling should direct us; the case we should consider as our own, and we should ask ourselves whether, placed under similar circumstances, we should choose to submit to the pain and danger we are about to inflict. Guided by this principle, and having collected all the evidence which applies to the case, we perform our duty without the reproaches of conscience which must await those who unnecessarily subject their patients to pain and danger.—Sir Astley Cooper.

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Errors in Diagnosis-With Cases.

BY EDWARD B. HOOK, M. D., SANDERSVILLE, GA.

Being solicited to contribute to this number of the journal just prior to its going to press, we have not time to write an elaborate article upon a special subject. We have, therefore, concluded to report a few cases which have occurred in our practice, the object of which will be to show that no treatment can be successful which is not based upon a correct diagnosis.

"The diagnosis of disease constitutes the first part of the office of the physician in his actual visits to the sick. sources of diagnosis are the history, the symptoms, or changes in function, (the physical signs,) the effects of remedies, and the morbid anatomy, or changes in structure." It is, however, principally from the symptoms, viewed in the light shed upon them by the history of the case, that we arrive at our conclusions. In studying and comparing symptoms, every thing, even the most apparently trivial, which could by possibility have a bearing in the case, must be strictly noted. It is, therefore, necessary that upon approaching the sick we narrowly examine the countenance, note the eye, study its expression, observe the gestures—the apparently careless posture of the limbs, the manner of reclining-whether on the back, side, abdomen, or half reclining with the chest raised. To the experienced medical eye these things are taken in at a glance, and almost unconsciously; and they frequently throw a flood of light upon some otherwise obscure symptom. must also bear in mind that diseases entirely distinct in their nature frequently have symptoms so much alike as to deceive those of great experience. It behooves us, therefore, to be cautious, and to leave no symptomatogical stone, so to speak, unturned. Marshall Hall says: "On considering the nature of experience in medicine, it is plain that it consists, in a great measure, in an acquired capacity for receiving and acting on general impressions induced in the mind by the repeated contemplation of disease. The inexperienced practitioner is incapable of receiving these

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general impressions; the experienced are, in general, incapable of explaining them." We understand him to mean, by the portion of the sentence we have italicized, that there are deductions and inductions arising in the experienced physician's mind from his rapid survey of the symptoms, the processes of which are so shadowy as to escape his consciousness, elude his reason, and bid defiance to his capacity of expression. In other words, that every man's experience, or its results, is his own acquired property, which he cannot explain or make over to another. This. we would take cum grano salis. There must be a possibility of placing another mind en rapport with our own; of fixing it at the same "stand point" which we occupy, from which it sees-not with our eyes, it is true-but with the mind's eye, the same objects that we do, and in the same relations; otherwise we might burn our medical libraries, and let each disciple of Galen trust to such unassisted experience as he might perchance acquire—or to quackery. We are of those who believe that the inexperienced, upon reading an analysis of those general impressions made upon the mind of those more experienced, will the sooner become capable of acting upon similar general impressions himself, and will be materially assisted in his attempts at diagnosis. With these few prefatory remarks, we submit the following cases:

CASE 1. We were called to see a young lady, about twenty years of age, who had been lying in apparently a comatose state for a week. Had been under treatment, and the symptoms were pronounced as being indicative of some disease of the brain. What was considered all necessary means having been used, and the case not improving, I was sent for. On reaching her house, I found my patient lying on a pallet on the floor, in the following condition: Pulse about eighty-five, slightly full; face pale; eyes partly open, turned up under the lids, and showing nothing but the whites; limbs somewhat rigid; thumbs drawn slightly in upon the palm of the hand; heat of the body but slightly above natural; tongue—which

could only be seen by pressing the jaws apart-nearly natural; could not be roused by the loudest cries; bowels had been opened by medicine a day or two before. We received the following history of the case: The young lady had been on a visit about ten days previously, and had returned home during a shower of rain; but on changing her clothes, which she did immediately, and drinking some hot coffee, complained of no inconvenience from it. the next day she felt dull and sleepy, and toward evening had slight pain in the head. From that time she had gradually grown worse, until she arrived at the condition in which we found her. She had not spoken to or recognized any one for four or five days; nor, said the history of the case, had she taken any nourishment for a week, except an occasional spoonful of soup, which she would swallow convulsively when poured into her mouth and the back part of the tongue pressed down by the spoon.

Having made up my mind as to the nature of the case pretty soon after seeing her, I proceeded to ask her mother a few questions relative to the regularity of her menstrual periods. I learned from her that the patient was very irregular in this respect, though its appearance had been looked for about the time she got the wetting. This confirmed me in my previous view of the case, and I at once diagnosed it to be Hysterical Eclampsia. There was no real disease of the brain here; nothing to call for the lancet, blisters, or other heroic practice. Having very serious doubts as to her deafness, I did not venture to state in her presence what I thought her disease was, although my opinion on this point was several times sought by the surrounding matrons.

And here let me say, wo be to that medical wight who tells any woman that he thinks she has the hysterics. We contented ourself by saying that it was a very severe nervous affection, and that, as we had seen several such cases before, we felt no hesitation in assuring them that she could be relieved in a very short time. We now had a "regiment of mustard plasters" spread, and directed that

they be applied over the whole length of the spine, the abdomen, and on the limbs, wherever space could be found to apply one. As soon as they were put on, we stood, watch in hand, and predicted, loud enough for her to hear if she were not deaf, that in twenty minutes she would speak, and not till then. We could see, from the twitching of the mouth and face and involuntary movement of the limbs, that she was ready and anxious to speak by the time twelve minutes had been ticked off. She bore it, however, like a soldier, until we announced that the time was out, when she immediately came to herself and commenced pulloff the plasters and begging others to help her. This was the end of this brain disease. We gave a few drops of comp. spts. lavender as a placebo. Before leaving for home, we incidentally mentioned that we had just received a large supply of mustard, and directed that in case she had any return of the symptoms, to let us know. It is needless to say that she had no relapse. We believed this to have been originally a mild case of hysteria, which had been aggravated by the will of the patient. Of the truth or falsity of this opinion, the result of the treatment may perhaps be regarded as a very good test.

CASE 2. We were summoned to see a lad twelve years of age, a son of Mr. P. On our arrival, we found the mother in tears, who informed us that her son was dying. She further stated that this was the fourth day of his sickness, that he had been under treatment, and that an opinion had been expressed that he would die some time that evening. She gave the following history of the case: He had been in bad health for several months; was pale, bloated, had variable appetite, bad breath, with occasional slight attacks of fever-which, upon the exhibition of some light purgative, would leave him. He had at various times taken medicine for worms, but without effect, as none came from him. Four days previously he had taken fever, accompanied, as the fever approached its height, with severe cough and sense of great oppression in the chest. He also complained of dull pain in the right lung, with inability of lying upon that side. This was his condition when he had been first subjected to treatment, and the disease had been pronounced to be pneumonia. He had been, and was then, taking a mixture of hive syrup and laudanum.

After receiving this history, we approached our patient and commenced a careful examination of his case. We found him with high fever, skin very pale, pulse 140 to the minute; breathing somewhat stertorous, tongue with yellow slimy coat; eyes dull and fixed, noticed nothing, and it was almost impossible to arouse him. Carefully continuing our examination, we found the liver enormously swelled, so much so, as to press up the diaphragm against the lower part of the right lung. This pressure acting mechanically, so irritated and crowded the lung as to produce the feeling of suffocation, the cough, and the dull pain complained of.

- We had forgotten to mention, in the proper place, that we had been sent for to see this case on the first day of the attack, but being absent at the time did not arrive till now, our absence having lasted three days. Noticing the stertorous breathing and the dull eye, we feared he had taken too much laudanum. We, therefore, proposed to give him an emetic of warm salt water and mustard. To this his mother objected, saying, that, "as he was dying, she would rather that he died in peace." We, however, prevailed upon her, and the emetic was administered. After its action, he was made to drink some strong coffee at intervals. the vomiting, there was a very perceptible improvement in the expression of the eye, and he would notice a little. The indication now was, to emulge the liver and break up the fever. We prescribed calomel, x. grs.; ipecac. i. gr.; Ft. chart. ijj. One to be given every three hours, to be followed at a proper time with oil. We also left xvi. grs. quinine to be divided into four doses, one to be given each hour, commencing when the fever began to go down. The mother agreed to give the medicine with considerable reluctance, firmly believing that her child was dying. We remarked to her before leaving, that on our return next

day we hoped to see our patient able to sit up. She replied, still sobbing bitterly, that she "expected we would find him 'laid out.'" On driving up to the gate next day about 11 o'clock, I found my patient sitting in the front door cating a piece of biscuit, and his happy mother sitting beside him. Here, the pressure of the liver through the diaphragm upon the lung being overlooked, was the cause of an error in diagnosis.

CASE 3. This was the case of a young mulatto girl, about fourteen years of age, sent by her owner to remain a month under our treatment. She was in very bad health, was pale, rather bloated, and had disordered digestion. This was her general condition; but on the day previous to her being sent to me, she was taken with bloody vomiting; she had had returns of it every four or five hours since. I was informed that she had fallen off a fence a day or two previously, and to some injury received from this fall was the vomiting attributed.

On examination, we found the stomach somewhat tender upon pressure; pretty severe headache; some pain in the back; uterus slightly tender on external pressure; pulse about eighty-five to the minute, full and strong. Upon inquiry we learned, from the girl herself, that her catamenia had appeared for the first time about five weeks previously. This was the case, and the whole history connected with it. The question to be determined now, was: was this a case of Hematemesis, or was it a case of Vicarious Menstruation? We apprehend that it will be seen at once that the difficulty in diagnosis here, was not so much in the symptoms themselves, as in the accompanying history. seemed to point to the fall as the cause, in which event, the disease would at once be pronounced Hematemesis. On the other hand, the catamenia of five weeks previously—only a week over the time—(and the knowledge that this function was frequently irregular at its establishment,) taken in connection with the present tenderness of the uterus and pain in the back, led us to believe that the fall was a mere coincidence, and that it was a case of Vicarious Menstruation.

We thought it best, however, to hold our judgment in abeyance until further progress of the case. We came to this conclusion the more readily as the amount of blood escaping from the stomach was not as yet in sufficient quantities to exhaust her, and because we considered that it would be very hazardous practice to give her acet. lead, &c, to stop the discharge, when, if it proved to be what we thought it, violent disease of the brain, or some of the internal viscera, might be brought on. We, therefore, gave her an occasional saline cathartic for a day or two, and ordered sinapisms to the back, and hot mustard bath to the feet at night. During this time she vomited blood two or three times, when it ceased. For the next three weeks she was put upon an alterative and tonic treatment, under which her general health was much improved.

At the end of the month she complained of pain in the back and head, with feeling of fullness in the pelvis. continued for twelve or fifteen hours, when she again commenced the bloody vomiting. Feeling now fully satisfied that it was Vicarious Menstruation, we at once resorted to our favorite remedy in these cases, viz: venesection. Blood was taken from the arm pretty freely; she had her feet put in hot mustard water, and took the warm hip bath for twenty minutes. After the bath she took viii. grs. pulv. Dov. in a cup of hot catnip tea, and went to bed. In about three hours her catamenia returned in the natural way, and there was no farther difficulty in the case. We knew her for several years afterwards, and heard of no return of the disease. We had another case in the following year, in a girl of sixteen, almost precisely similar, which was treated in the same way with prompt recovery.

SELECTIONS.

"Ought a Physician to tell a Patient that he is going to die?"

[From the Nashville Journal of Medicine.]

In the June Atlantic, the "Professor," in the person of Dr. Holmes, makes this assertion, "As a general rule, no man has a right to tell another, by word or look, that he is going to die." Is he right? The doctor says, "If you are making choice of a physician, be sure you get one, if possible, with a cheerful and serene countenance. A physician is not—at least, ought not to be—an executioner, and a sentence of death on his face is as bad as a warrant for execution, signed by the governor."

I believe the doctor is fully right, with the qualification he has attached-i. e., "as a general rule;" and yet, how many practitioners entirely disregard the principle involved! Yes, not only by the elongated visage, the sombre, sepulchral manner and doleful "hark-from-the-tomb"-like noise with which they habitually approach the bed-side of the sick, but also by a hasty and sometimes premature announcement of their opinion that the case will terminate fatally and soon, thus at once bringing two most powerful causes into action against their patient as auxiliaries to disease, to insure the fulfilment of their prognosis—i. e., the influence of imagination and the loss of hope. I believe this unwise, inhuman, barbarous, if not quasi murder. Dr. H. alludes to a case where the patient exclaimed to his physician, "You have killed me," when the doctor had simply said, "You can not live six months." The poor fellow sank in six weeks, while under ordinary encouragement he was good for six months at least. In discussing this question, I am aware that I shall meet on the threshold two sets of objections: 1st, that of veracity, honesty, demanded of all, and of none more than the physician; 2nd, requiring the physician to act as sentinel upon the confines of eternity to some extent assuming the office of priest or minister of

the gospel, thereby giving the very sick or apparently dying time to arrange their worldly affairs, and for a possible death-bed repentance. But we do not advocate either falsehood or deception, or, when demanded of us, the withholding perfect frankness. But this admission, we take it, does not imply that it is the duty of the physician always to wear a sad or solemn face in the sick room, and to every patient open the gate and point to the gloom which overhangs the "valley of the shadow of death." Oh, no! And yet this is the habit of not a few practitioners. for effect, endeavor to make all cases.appear as grave as possible, expecting that when it shall have been noised abroad that they can cure such desperate cases, their reputation will be established for wonderful doctors. class avoid this gross and patent treachery, go smoothly and honestly along in their mild cases, make no extra pretensions to skill above their fellows. But here comes a doubtful or probably fatal case, it may be of pneumonia, fever, or of organic disease and fatal tendency-consumption, for instance. Now, for fear he will be blamed for want of skill, he hastens to say to the patient and friends that his case is hopeless, that no one on earth can cure it—the patient must die, and that soon! But is the physician bound to announce such an opinion before the patient? In acute diseases fever, and the like—I am sure it is wrong. Let him tell the friends, if he will, and probably he should, but not the patient, "as a general rule;" for, in such cases, until he is in articulo mortis, "while there is life, there is hope." And shall the physician wrest that hope from a fellow-being struggling upon the brink of the unknown hereafter? word, a discouraging expression of the countenance, may turn the scale; despair takes the place of hope, and a life is sacrificed, a family circle broken by the untimely death of a father, mother, brother, sister, or friend. These cases call for great caution—policy, if you choose.

But the other class, the certainly hopeless, what of these? Even here I do not feel called upon to hasten their departure by an abrupt and definite opinion, especially as to time. Such ordinarily, do not need to be told that their disease must end in death. But how often is the hour postponed by the lapse of months or years, and so postponed as much by hope as cod-liver oil and whiskey; or rather, these last, without hope, would have been powerless or altogether futile. Still, with Coleridge I would say, "He is the best physician who is the greatest inspirer of hope."

Thus far I have attempted to answer the first objections. If it is clear that as physicians our office is to attempt the restoration to health, or prolongation of the life of the sick, by the influence of the mind on the body, as well as by the use of drugs, then I think the second set of objections obviated, as we are physicians, not preachers. Remember the qualification—"as a general rule." There are doubtless exceptions, and every physician meets them, and meets them, it is to be hoped, as a true man, a philanthropist, if not as a Christian. But I think I have seen ministers of the gospel, with the best intentions, but too little common sense, step out of their sphere, and in so doing, become executioners instead of comforters and teachers of the sick; not alone by recommending quackery or patent medicines, but by an unwise, not to say inhuman haste, to excite the fear of death of the body, as a means of securing attention to matters of admitted importance pertaining to the soul.

I need not recall to the mind of the physiologist the influence of the nervous system, guiding with royal hand all the functions of the organism; or how the emotions unduly excited, relax tissue and suspend secretion, as fear in the case of the raw recruit on entering his first battle; often, old soldiers tell us, the sphincters give way! or as the milk of the nursling mother, so changed by sudden anger or deadly fear as to produce convulsions, and death even, in the before perfectly healthy infant. These, and a thousand like cases, might be introduced to show this wonderful connection and mutual dependence. But a volume would not exhaust the subject. Do we, however, bear these things enough in mind in our own intercourse with the sick?

Who can measure the influence of hope on man? What would life be without hope? It underlies most of the success in life. It is the guiding star of the mariner in his calm and prosperous voyage—hope of success and safe return. In the storm and tempest, hope, like an angel, still whispers in his ear, while he has a plank beneath him. So of the merchant—the man of business—all, all alike more or less earnestly cling to hope to the last. Well has it been likened to an anchor! Now its flukes hold on to the last: shall the doctor be the one to cut the cable of this anchor?

Who will say that hope does not have a great influence in the recovery of the sick, or at least in the prolongation of life? Does the quack not avail himself of this principle, and oftentimes successfully, by inspiring hope and trust in him and his powerless globules? Shall he have the only benefit of such a principle? It belongs rightly to the medical profession. While we do not think we should deceive our patients, it is not always necessary to tell all we know or think; we are to act for the time for his good, his restoration to health, or as a guardian for his ward. Call this policy, or what you will, is not the remark true, "as a general rule," no man has a right (abruptly), by word or look, to tell another he is going to die?

Laceration of the Cervix Uteri. From Preternatural Rigidity.

A case of this character fell under my care a few days ago; and, as it is a rare condition of things, and is liable to give a good deal of anxiety to the uninitiated, I have concluded to report it for the benefit of my younger medical brethren.

On the 22d of May last, I was called to attend Mrs. C. who was then in labor with her second child—the first having been born about two years previous. Upon examination, per vaginam, I found two distinct openings into the womb—one anterior to the other. I passed my finger in at the one, and out at the other; hooking the lacerated part over the first phalange of the index finger. The septum,

or lacerated part, seemed to be nearly a half inch broad, by an eighth in thickness. Upon a still closer examination, I found the posterior opening to be the natural os tince, while the anterior was the lacerated opening. The presentation was natural; and, as the labor progressed, I found the anterior opening more dilated than the posterior, and supposed that the feetus would emerge through that opening. I hesitated for a few moments, whether to draw the septum forward, and thus try to have the child pass through the natural os, lest the other one might be still further lacerated, or let it take its own course, and finally decided upon the latter. If, thought I, the rigidity of the os was too great in the first instance, it is probably too great still; besides, the labor would be greatly retarded, as the natural os was so far posterior that the vortex would press unduly against the sacrum, and thus the fœtus would be thrown out of Carus' curve, the line of which seemed to correspond with the lacerated opening.

The labor continued about six hours, when a "man-child" was born into the world—which unfortunately, however, proved to be "before its time," probably about a seven or eight month's child. It was with some difficulty that I established respiration—every care was taken, but the child lived only about twelve hours.

The expulsion of the placenta was arrested by the septum, and I had to pass my hand into the vagina to release it, before it could be brought away.

The woman had a strong disposition to peritoneal inflammation; but, by timely assistance, this was prevented, and she was "up and about" in nine days.

I learned from her that, in her first confinement, she had very strong and long continued pains, but that "suddenly," to use her own expression, the child was born. Her medical attendant gave her no reason for it, and the probabilities are that he mistrusted not the undue rigidity, and knew nothing of the rupture in the cervix uteri. Her convalescence was tedious, and she still suffered more or less from

weakness, pains in the back, an uneasy sensation about the womb, etc.

The rationale of the case I presume to be, that, previous to her first gestation she had anteversion of the womb, together with extreme rigidity of the os uteri, both of which conditions continued to a certain extent, up to the time of her confinement. Then, the mouth of the womb, resting against the sacrum, together with this extreme rigidity, prevented the child from being born per via naturales, and hence the rupture, anterior to the mouth, through which the child was "suddenly" born. This rupture finally healed at its edges, leaving, however, a double opening into the womb—through the false one of which the last child was born, and all subsequent ones will be, if she continues in the "good old way."

This was not a case of occlusion of the os uteri, as I could readily pass my finger in or out of the natural os. Neither do I think that it depended on obliquity alone, as Velpeau, Baudelocque, Desormeaux, North and others think that many cases of ruptured womb do; but it was a consequence, in my opinion, of the two abnormal conditions combined, viz: obliquity and rigidity.

If her medical attendant, in her first confinement, had known the exact condition of parts, perhaps he might have prevented the rupture, by elevating and supporting the fundus of the womb—drawing forward the mouth, administering nauseating dose of tartarized antimony with opium, bleeding, ad diliqueum animi, if necessary, or, even incising, with a probe pointed bistary, one side of the cervix uteri; but, as he knew it not, and did nothing, Nature took the case in her own hands, made an incision in the "natural way," and left two openings instead of one, into the great matrix materni—that wonderful "fountain of life!"

The First Experiment with Chloroform.

Dr. Simpson, with his two assistants, sat down late one night, after an arduous day's toil; and, when most physicians as well as patients were wrapped in sleep, began to inhale various substances which had been collected. small bottle of chloroform had been raked up out of some obscure corner, and was to take its turn with the rest. Each experimenter having provided himself with a tumbler or finger-glass, a portion of each selected fluid was poured into the bottom of it, and the glass was placed over warm water to favor the evolution of vapor. Holding the mouth and nostrils over the vessels these votaries of science courageously explored this terra incognita by inhaling one vapor after another. At last each charged his tumbler from the small bottle of chloroform, when immediately (says Professor Miller) an unwonted hilarity seized the party; they became bright-eyed and very happy, and conversed with such intelligence as more than usually charmed other listeners who were not taking part in the proceedings. But, suddenly, there was a talk of sounds being heard like those of a cotton mill, louder and louder; a moment more, then all was quiet, and then—a crash. On awaking, Doctor Simpson's first perception was mental. "This is far stronger and better than ether," he said to himself. second was to note that he was prostrate on the floor, and that his friends were confused and alarmed. noise, he turned round and saw his assistant, Doctor Duncan, beneath a chair, his jaw dropped, his eyes staring, and his head half bent under him, quite unconscious, and snoring in a determined and alarming manner. and much motion. And then his eyes overtook Dr. Deith's feet and legs, making valorous efforts to overturn the table, or more properly to annihilate everything that was upon it. All speedily regained their senses, and from that day-or rather from the middle of that night—dates the discovery of the marvelous properties of chloroform. was found in the Royal Infirmary who submitted to its influence during an operation and who awakened afterwards, quite unconscious of what had happened, with a merry eye and placid countenance.—Household Words.

GELSEMINUM SEMPERVIRENS IN GONORRHŒA Douglass thus concludes a letter published in the Charleston Medical Journal and Review: "About thirty years ago I was called on in my office, by a young man who had been suffering several months with improperly treated Gonor-One of my pupils begged me to give the case to him, observing that he could cure the most obstinate case in a few days, with the root of Yellow Jessamine. A small hand-full of the root was put into a junk bottle of whiskey, and the patient ordered, in a day or two, to take a tablespoon-full of this tincture night and morning. He took but four doses before he became much alarmed, and called on me, stating that the medicine had destroyed his vision. The symptoms he described correspond precisely with those mentioned by Dr. M. Every symptom of Gonorrhœa had disappeared, and the cure was permanent. Since that time I have treated many cases of the same character in a similar manner, with uniform and speedy success." .

Pætus Carried twenty-two months beyond Term.

[From the Boston Medical and Surgical Journal.]

Dr. Storer exhibited a fœtus, which he had received from Dr. James M. Buzzell, of Springfield, and read a letter from Dr. B., giving an account of the case.

The mother, aged 42 years, had had five children by her first husband. A year after his death, in 1850, she was married a second time. After her second marriage she had several miscarriages, and in the month of November, 1857, she became convinced that she was again pregnant, from the quickening, and other usual signs of pregnancy which she then experienced. By great care on her part she went the full period of pregnancy before any symptoms of labor appeared. At the time she expected to be confined, her

breasts filled with milk, and her nurse was obliged to draw them for several days. In the month of April, 1858, she was supposed to be in labor, and sent for her family physician to attend her. He had been skeptical in regard to the fact of her pregnancy, but on his arrival, supposed he had formed an incorrect diagnosis. The pains, however, were not constant or of much force, and soon subsided entirely, never to return as true labor-pains, although she had at intervals, for two months afterwards, occasional attacks of pain in the sides, which finally ceased. She had menstruated some two or three times during the nine months of gestation, as had been the case with her once or twice before, during pregnancy, and afterwards the catamenia appeared at irregular intervals up to the time of her death, though the quantity was small. She enjoyed, to all appearance, good health up to October last, was fleshy, and capable of performing considerable labor. After the time of expected confinement, the size of the abdomen gradually lessened for about six months, when the tumor, as it was now supposed to be, was as large as a full-grown fœtus.

In October last, she fell down a flight of steps, by which she received a severe shock. She afterwards complained greatly of pain in the back and bowels. Dr. Buzzell first saw her at this time. She had much fever, and great pain and tenderness of the abdomen, which made it impossible to make a satisfactory examination for two or three weeks. There was a severe cough, which aggravated the pain. Nausea and vomiting occurred every two or three weeks. As soon as a favorable opportunity occurred, Dr. B. made an examination per vaginam, and found the os uteri entirely closed, and the cervix obliterated; the uterus forming a solid tumor, fixed and immovable by any pressure of the hand or finger. Four weeks after the accident a diarrhoea occurred, of a large quantity of offensive matter, which was not seen by Dr. Buzzell. The paroxysms of nausea and vomiting increased in frequency and intensity until her death, which took place on the 14th of February.

At the autopsy a very extensive adhesion was found be-

tween the fundus of the uterus and the small intestines, and also between its side and the sigmoid flexure of the colon. The Fallopian tubes and ovaries were found in their natural relations to the uterus. The uterus contained a fœtus in the natural position for delivery, but no trace of a placenta could be found. There was about a pint of thick, yellow fluid in the uterine cavity. An opening in the left side of the uterus communicated with the interior of the colon, and the left hand and fore-arm of the fœtus were passed into the bowel, as far as the elbow. Feculent matter had passed into the cavity of the womb. The os uteri was entirely closed, and no trace could be found of it upon the inside.

Clinical Lecture on Erysipelas-

[From the Chicago Medical Examiner.]

Gentlemen:—I present before you here a case of disease of a kind which will often confront you to your sorrow in your professional career, and which will occasionally bring your best planned and most brilliant surgical efforts to a disastrous termination. It is a case of traumatic erysipelas. This subject is so imperfectly understood by the profession, and so wretchedly descanted upon even the our best text books, that I have to some extent been obliged to investigate it de novo, and am obliged to condemn some very common precepts of the best authors. At the same time the importance of a correct knowledge of the disease is such that we may well spend our whole hour upon it.

Gentlemen, Erysipelas in some form or other, is the cause of more deaths after surgical operations and injuries, than any other single condition.

It is comparatively a rare thing in modern surgery to have a patient die from the effects of a pure and simple inflammation. Such has been the progress of our art, that we are able to cut short with promptness and great certainty almost every case of simple acute inflammation that presents itself to us. But the slightest experience shows the surgeon that

when he meets a case of traumatic erysipelas, he has something more than the ordinary effect of a wound to deal with, and that there are malignant tendencies present which must be met by other measures than those of a simple antiphlogistic character.

After a full consideration of the subject, I have adopted the following definition of this scourge of surgery. Erysipelas is an inflammation produced by the presence of a peculiar organic poison acting upon a system laboring under an aplastic

diathesis.

These three elements, the inflammation, the poison, and the aplastic diathesis, will constitute at all times an erysipelas, but if either one of them be absent, the case is not erysipelas, but something else. If the poison be absent, we have simply an inflammation with an aplastic effusion. If on the other hand the poison be present, but the aplastic diathesis be wanting, then the inflammation will be limited by plastic effusion, and will be a boil, a carbuncle, or some other circumscribed abscess.

The existence of the peculiar poison of erysipelas is proved by innumerable instances of inoculation. Before this patient came to the Hospital he poisoned no less than three members of his family. The first was his mother, who had a scratch upon her finger, which received the poison while dressing the limb. The result was a bad whitlow on the finger. The pus from this whitlow having been brought in contact with her eyes, she had an acute purulent ophthalmia. A sister of the patient having soiled her hands with the dressings, rubbed carelessly a raw pimple on the side of her face, and had as a consequence a decided erysipelas in the face. The father poisoned one of his hands in a similar manner, and had a slight erysipelas following it. A patient of a friend of mine had erysipelas in the leg which was communicated to an attendant in a similar manner, causing the death of the latter, by sloughing of the affected tissues and by pyæmia.

These instances are taken from many which have fallen under my observation, and they all go to show the existence of this peculiar poison.

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The poison existing in certain subjects in the dissectingroom is of the same character, and during several years experience as demonstrator of anatomy, I had formerly an opportunity to satisfy myself that poisoning by dissecting wounds is in every instance an inoculation of erysipelas, and that it will only prove fatal when inserted into systems under an aplastic diathesis.

The erysipelatous virus is of different degrees of virulence in different cases. In some instances it only irritates the tissues enough to cause a moderate serous effusion into the areolar spaces, while in others it goes through the meshes of the superficial fascia like a solution of caustic, killing and half dissolving the tissue as it goes, and causing gangrene over the surface of half a thigh or arm at once.

That an aplastic diathesis is necessary to the existence of traumatic erysipelas is proved by a most interesting series of observations. There have occurred within the sphere of my observation many instances where different persons were inoculated at the same time, and I observe that the effect of the same virus is widely different in different persons. Thus, if the system of one is vigorously plastic, as shown by a quick healing of all cuts and scratches, an inaptitude for suppuration, and an active and healthy state of those secretions of the body which are normally acid in their reaction, such a person cannot have erysipelas.

If the virus is inserted into his tissues, it will be immediately circumscribed by a plastic effusion, a regular abscess will form, and the poison be ejected along with the pus. If the poison be very virulent, it will produce a slough, and a carbuncle will result.

A medical officer of the U. S. Army, informed me that he in company with another surgeon once made a post mortem examination of a child that had died from erysipelus. Both these gentlemen wounded themselves slightly in the dissection. In the case of my informant, who was in a strongly plastic diathesis, the poison was limited by plastic effusion, and the wound became the seat of a carbuncle. His companion, however, whose system was in a less favor-

able condition, had traumatic erysipelas in a bad form and died.

You see therefore why it is that antiphlogistics fail of their usual effects in inflammation of an erysipelatous character. While you are attempting to subdue the action by cold and purgatives and bleeding, a malignant poison is filtering through the tissues and destroying them. What we have to do in this disease is chiefly comprehended under two heads. First, to antidote the poison, and secondly, to correct the aplastic diathesis, and I am happy to inform you, gentlemen, that the means of accomplishing both these ends are now discovered.

Iodine has the power of destroying most, if not all organic poisons. Even the venom of serpents when mixed with it becomes harmless. The application of Tincture of Iodine to erysipelas is an old and favorite mode of treatment, and one worthy of all commendation. The ordinary method, however, of simply painting the affected part with the tincture two or three times a day, is by no means as decided a treatment as these cases often demand. In the present instance I shall order cotton batting dipped in the tincture to be wrapped around the whole arm, and confined by a piece of india rubber cloth to prevent evaporation. In this way I expect to produce a more active and complete absorption of the remedy than usual. It is probable that chlorine, bromine, and also that allotropic form of oxygen called ozone, have all antidotal powers similar to those of iodine, but as yet they are not much used for this purpose.

The second indication in this case is to effect an immediate change of the patient's diathesis from the aplastic to the plastic. Now it is becoming a favorite opinion with pathologists that the aplastic diathesis depends upon the presence of an excess of alkalies in the system, and that in particular ammonia is in excess in a variety of low adynamic forms of disease. In confirmation of this opinion is the fact that those remedies which most rapidly promote the plastic diathesis are all capable of neutralizing free alkalies. Such are the mineral acids, the soluble sulphates, iodides, chlo-

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rides, and nitrates of iron, copper, zinc, silver, and mercury. But among all these, I know of none practically so valuable for internal administration as the perchloride of iron, either in the form of a watery solution, or of the muriated tincture. With this remedy we have almost complete control over I have not time now to detail cases, but, the diathesis. gentlemen, I know what I assert when I say that with this remedy a total change in the diathesis can be made in twenty-four hours, so that at the end of that time an erysipelas shall not be able to extend to any new tissues. You must not think to accomplish this however by feebly prescribing twenty drops three times a day. I shall order this patient twenty drops every hour, night and day, and such is my confidence in the result that I predict to you that to-morrow morning as we enter the ward you shall see a marked diminution of the swelling, and at the end of forty-eight hours I expect to discharge the patient convalescent. This use of the perchloride of iron is a recent advance in surgery, and one of the most valuable improvements ever made. It is only in the early stages of the disease that you can predict its success with the confidence which I have done in After suppuration has already occurred, an this case. organic mischief has been done which time alone can repair, although the remedy is still useful to prevent further destruction.

That domestic remedy, the cranberry poultice, is probably useful, correcting by its acid the excess of alkali in the diseased part, and so promoting plasticity. I caution you, however, against expecting any plastic result from the internal use of vegetable acids. In the stomach they are all digested and destroyed, leaving no acid product.

Finally, gentlemen, in the low forms of this disease, never give ammonia as a stimulant. The system is already dissolving and breaking down into alkaline pus and serum, and every drop of ammonia adds to the fatal excess of alkali which produces the morbid result.—Andrews, M. D.

On the Use of Quinine in Scarlatina.

[From the Philadelphia Medical and Surgical Reporter.]

Observing in the issue of June 2d, of the Reporter, in the Periscopic Editorial Department, a few meagre remarks in reference to the treatment of scarlatina with quinine, I beg leave to add my testimony, more fully, to that of Dr. Sellers, and say that that "dosing" of his may be repeated with safety and advantage every morning, so long as the case requires. However, in our more northern climate, (Pennsylvania) I should not think such large doses necessary, or even advisable. For many years I have invariably been accustomed to treat scarlatina—premising a mild emetic or emeto-cathartic—by the administration of just as much quinine, in divided doses, in the morning, as I would give the case were I anticipating an ague chill at 11 o'clock. During the afternoon, so long as the febrile paroxysm continued, I would give either small and repeated doses of tr. aconite, or tr. verat. viride, to reduce the fever, moderate the heart's action, moisten the skin, etc.

The following morning I would confidently expect to find a marked remission of fever, or even intermission—each day of much longer duration—and provide for the same by leaving four doses of quinine, suitable to the age of the child, to be given an half hour or hour apart.

Solution of chlorate of potassa as a common drink, is allowed throughout the sickness, with mucilage of elm, gum acaciæ, etc. Enemata, or small doses of castor oil, to keep the bowels in a soluble state; and in a few days, when the tongue parts with its thickly furred coat and becomes clean, dry, red and shining, or fissured—then ol. terebinth. in a thick mucilage of gum and sugar, given liberally, (as in typhoid fever, under similar circumstances and in like stage of the disease,) will act promptly in restoring the patient to health. If there should arise sordes upon the teeth, or dark scales appear upon the lips, then gum acaciæ and sod. bicarb., in combination, should be freely used. Tepid sponging of the body with ley, largely diluted, or with a solution of chloride of lime, will allay restlessness,

abate the fever, and is generally attended with excellent results.

The quinine, given during the morning remission throughout the disease, or until the use of turpentine is indicated, keeps off that strong tendency to putrescency in this complaint; and the subsequent use of ol. terebinth., with attention to the bowels and to the skin, as before mentioned, prevents that tendency to anasarca, a trouble-some and not unfrequent sequela to scarlatina.

Valuable Surgical Discovery.

[From the New York Express.]

Paris, July 28th, 1859.

A medical discovery of much value, destined to effect a great amelioration in the treatment of ulcers, abscesses, flesh wounds, &c., has lately been made by two former internes or house surgeons of the Hospice de la Charite, and by them generously offered to the world without fee or reward. At the last sitting of the Academy of Science M. Velpeau demanded permission to make an important communication, and announced that the two young practitioners in question, Messrs. Crome and Demeaux, had paid him a visit for the purpose of presenting to his notice their discovery and explaining to him its results. Messrs. Crome and Demeaux have found a process for the complete and instantaneous disinfection of animal matter. The action of the disinfecting agent arrests the progress of decomposition, and effectually prevents the generation of insects. The substance, prepared for use, costs here about one franc for a hundred pounds, and the expense in America would probably be The following is the formula, as given by the inventors themselves:

Plaster of commerce, reduced to a fine powder, 100 parts; coal tar, one to three parts. The mixture of the two substances is effected with ease by the aid of a mortar, or by any other appropriate mechanical means. The application of this composition to the dressing of sores or wounds

requires a particular preparation. A certain quantity of the powder, prepared according to the formula, is diluted with olive oil to the consistency of a paste or ointment. This species of paste or salve is of a dark brown color, has a slightly bituminous odor, and may be kept in a closed jar for an indefinite period. The oil unites the powder without dissolving it, and the composition has the property of absorbing infectious liquids the instant it is applied to the sore which produces them. The application may be mediate or immediate. In the latter case, that is to say, placing the composition directly in contact with the sore, no pain whatever is produced; on the contrary, the salve has a detersive action, cleanses the sore, and favors circulation.

In the course of his remarks, M. Velpeau mentioned the case of a patient at the Charitic, to whom the new process had been applied, with perfect success. This person was afflicted with a frightful abscess in the thigh, from which exuded a purulent matter of a most infectious odor, rendering the operation of the Surgeon both painful and difficult. This matter, mixed with a powder held in readiness by the two experimentalists, was disinfected in one minute, touched with impunity by the spectators, and applied beneath their noses, without leaving a trace of unpleasant odor.

As has been seen, the elements of this composition are of the simplest character, and though intelligence of the discovery could not have reached the medical faculty of the United States in advance of this letter, your own surgeons will doubtless receive by the same mail which carries this, every corroborating particular. My desire is to make known the event throughout our country, and I sincerely hope this paragraph may be widely copied by your exchanges. As M. Velpeau himself observed at the close of his observations before the Academy, too much publicity cannot be given to so valuable a discovery, as well as the disinterestedness of its authors. In their own report, Messrs. Crome and Demeaux state that the composition may be applied in the form of a poultice, or on cotton, and laid on the wound. They demonstrate that their mode of dressing possesses the double properties of disinfecting morbid products, and of absorbing their liquids. This last circumstance entirely obviates the necessity of lint—which is one of the most important features of the discovery.

Regimen.

[From the Medical Chronicle.]

Dr. James Jackson, in his letters to a young physician, advocates an exclusive vegetable diet, both as a remedy and a preventive measure in epilepsy and apoplexy. though patients may rebel against the prescription, if made to embrace the remainder of their lives, they will generally become reconciled to it if recommended temporarily, so as to become more indifferent on the subject than they had anticipated. Exercise is enjoined, mental perturbation disapproved, and the patient advertised not to return to animal food so long as he has very good health without it. In phthisis and hemoptisis on the contrary, he recommends animal food, milk, and a farineous diet, to which should be added fruit, and other articles of a laxative character, in ease of a tendency to habitual constipation. Exercise in . the open air, he considers of all things the most important in these diseases, which should be carried as far as the vigor of the patient will permit. It should not be done rashly, but boldly. The great object is, to prevent the cachexy, if it has not appeared, or to overcome it when it has, by such measures as will tend to increase the general vigor of the system, trusting to the natural efforts to overcome the dis-With the body properly protected by suitable clothing the patient is advised to live pretty much out of doors. For the relief of hemoytysis he recommends a combination of sulphate of copper and opium. In an urgent case he gave one grain each of these remedies, and repeated the dose in twelve hours. During fifty years practice he had only met with two cases in which this hemorrhage proved fatal in phthisis.

Atropia in Incontinence of Urine-

[From the Journal of Materia Medica.]

After observing the effects of belladonna in incontinence of urine, so highly spoken of by many writers in different medical journals, the writer was induced to try the alkaloid principle, Atropia, knowing that the effects produced upon the system are exactly those of belladonna, only that they are relatively more powerful, while the extract and tincture often require a much increased dose, and often fail to produce the desired effect.

The dose can be more easily managed, and danger from poison avoided. It can be given in solution, with but little observable taste, which is of much advantage when given to children.

Before giving the Atropia, attention should be given to the alimentary canal—correcting all irregularities, so far as possible. We often find some tenderness of the spinous processes of the dorsal and lumbar vertebræ, which should be rubbed twice daily with some stimulating liniment. The diet should be plain and unstimulating; water or slipperyelm bark tea for drink.

I have prescribed the Atropia in thirty cases, four of which were of long standing, and had been under treatment for a long time, a diversity of remedies having been used. All were completely cured, in a period of from six to fifty days.

The one-fortieth of a grain was given, three times a day, to adults, in solution, until the usual symptoms of belladonna is produced—that is, dilatation of the pupils and dryness of the fauces. The solution can be made as follows:

Rx.—Atropia, . . . gr. i.

Aqua Destill., . . . drachms v.

Acetic Acid, . . . gtt. vi. M.

Dose: one drachm, three times a day—morning, noon and night—increasing or decreasing as occasion may require. For children, the dose must be graduated in proportion to their ages.

EDITORIAL AND MISCELLANY.

Reports, Cases and Diagnosis.

In reporting cases, it often happens that some of the facts connected with them are overlooked by the physician who reports them, in consequence of his notes having been made out a long time, or their not being as full as they should have been. This, we freely acknowledge, has been our condition in the present number of our journal. The duties of our profession have been onerous, and the office of reading and correcting proof has devolved, to a great extent, upon another.

We would state, that the second case of Convulsions in the early stages of Pregnancy, reported in this number, has not ended as we stated, or as we could have desired. After we had written that article, the lady was again taken sick, and then miscarried; since which time, however, she has done as well as any woman could do after an ordinary accouchement.

We would commend to our readers the remarks of Dr. HOOK, prefatory to the report of some interesting cases in our present issue, showing the importance of a proper diagnosis. We have often had occasion, during our career in the healing art, to conclude, like the Doctor, that more error results from an improper diagnosis, than all the untreated ills to which flesh is heir.

St. Louis Medical College.—The catalogue of the students and graduates of 1859-'60, together with the announcement for 1860-'61 of this institution, has been received, and indicates the college to be in a prosperous condition. At its last annual commencement in March, the degree of Doctor of Medicine was conferred upon fifty-five young gentlemen. This college has an able faculty, many of whom are not unknown to fame.

The American Medical Association.

This body held its annual session in New Haven, on the 5th, 6th and 7th of last month. The meeting was a harmonious one, the attendance large—almost every State in the Union being represented—and over five hundred delegates presented themselves and registered their names. Dr. Eli Ives, of Connecticut, was chosen President, and Dr. Wilson Jewell, Pa., A. B. Palmer, Mich., R. D. Arnold, Ga., and J. N. McDowell, Mo., Vice Presidents. Dr. S. G. Hubbard, Conn., H. A. Johnson, Ill., Secretaries; and Dr. Casper Wistar, Pa., Treasurer.

Their proceedings were all of a very instructive and interesting character. The resolutions adopted by the convention of medical teachers connected with the Association, in reference to time of study required of candidates for the degree of doctor of medicine, the requisites for graduation, and method of conducting the examination of candidates before a board of censors appointed by the State Medical Societies, should meet with the approval of the whole profession, and be universally adopted by every medical institution in our land.

REST AT THE PRESENT DAY.—In the present day there is no fixed time for sleep. The world roars around us like a torrent of events. Everything is rapid; and we are whirled with velocity in the midst of a vortex as vast as it is incessant. Repose there is none; and instead of sleeping on a pillow of down, we stand continually on the tip-toe of expectation, awaiting the coming-on of to-morrow, big, as it were, with the doom of some great hereafter.

"EFFECTS OF DISEASE UPON THE TEETH," is the title of a neat and instructive pamphlet by Abr. Robertson, D. D. S., M. D., of Wheeling, Virginia, just received, which will be read with pleasure and profit by the members of the medical, as well as the dental profession.

MEDICAL SCIENCE.—The state of medical science may be considered as the criterion or barometer of the state of general science in a nation, (dark ages, present time, &c.) Of all the learned professions, Dr. Parr considered the preference due to the medical. In erudition, in science, and in habits of deep and comprehensive thinking, the pre-eminence must be assigned, in some degree, to physicians. The practice of the law spoils a man's moral sense and philosophic spirit; the church is too bigoted and stiff-starched; but the study and practice of physic are equally favorable to a man's moral sentiments and intellectual faculties.

HEALTH UNDERVALUED.—Such is the power of health that, without its co-operation, every other comfort is torpid and lifeless, as the powers of vegetation without the sun. And yet this bliss is commonly thrown away in thoughtless negligence, or in foolish experiments on our own strength; we let it perish without remembering its value, or waste it to show how much we have to spare. It is sometimes given up to the management of levity and chance, and sometimes sold for the applause of jollity and debauchery.

THE Massachusetts State Medical Society at its last meeting in Boston, adopted a resolution to propose what action is proper on the part of the Society respecting the disease now prevailing among the cattle in that commonwealth. A committee of five physicians was appointed, and requested to report at the earliest practicable moment.

CAUTERY TO THE EPIGASTRIUM IN THE VOMITING OF PREGNANCY.—The actual cautery in the form of moxas, and issues made with Vienna paste have been successfully used by Mr. Ferrand in obstinate vomiting during gestation. Cases which resisted all other treatment were relieved by such application to the epigastrium.

CASE OF VIOLENT EPISTAXIS—PLUGGING BY A PIECE OF DISTENDED ŒSOPHAGUS.—I was called in consultation with a neighboring physician some weeks ago. The case was one of very severe and violent epistaxis, the patient a negro woman. All the usual remedies had been resorted to without avail. The anterior and posterior nares of the right nostril were tamponed, as the hemorrhage appeared to come principally from that cavity. This, however, arrested the hemorrhage but temporarily, and it soon re-appeared with increased violence.

Having read the report of a similar case published in the Medical and Surgical Reporter, by Dr. E. A. D'Arcy, of Jerseyville, Illinois, in which, after a failure of all the usual remedies and plugging, the cesophagus of a sheep was passed through the right nostril, from the anterior back to the posterior nares, and forcibly distended by injecting cold water, with the effect of arresting the hemorrhage, I suggested a trial of the same means. The physician attending the case at once consented to try it, and the result was, that the bleeding was arrested almost instantly.—Reporter.

PREVENTION OF THE UNPLEASANT TASTE OF BALSAM COPAIVA.—Dr. Landerer observes that by keeping, the balsam undergoes some change, conferring upon it a taste which is very repulsive to the patient. While, too, some sorts of balsam are of light yellow color, possess a mild aromatic odor and taste, and swim when dropped in the water, there are other kinds which are brown in color, much less agreeable to the smell, are of a sharp, irritating taste, and often sink when dropped in water. He is inclined to believe that these changes depend upon the formation of a resinous acid. At all events, the addition of magnesia or prepared oyster-shell to old, thick, brown balsam, very much diminishes the disagreeableness of its taste. addition of syrup is a still further improvement; and if immediately after taking the balsam, a cup of well sweetened coffee be drank, the disagreeable after-taste will scarcely be perceived.—Buchner's Repertorium.

ILL TREATMENT OF PHYSICIANS.—How often is the medical man treated with base ingratitude. When his services are not required, how often is he exposed to the neglect, contempt and contumely of those who are the first, when ill, to demand his services.

"God and the Doctor, they alike adore, But only when in danger, not before; The danger o'er, both are alike requited, God is forgotten, and the Doctor slighted."

A New Danger from Chloroform.—Mr. Syme has announced that chloroform induces pyæmia. The evidences of it, or his theory in coming to this startling conclusion have not yet been presented, but the Medical Times reports an operation of lithotomy by this distinguished surgeon, in which no anæsthetic was used. The patient was otherwise healthy, and it is said bore the operation, which was protracted and painful, with great courage.

Why, with his views, ether was not substituted, is not stated; nor can we determine whether Mr. Syme's opposition to chloroform is the result of an honest conviction, or merely the offspring of vicious feelings toward his great rival, the introducer of chloroform.

CURE OF ITCH IN HALF AN HOUR.—Dr. E. Smith, at a meeting of the London Medical Society, called attention to an article in the Gazette Hebdomadaire, by Dr. Bourguignon, in which is a confirmation of the value of the treatment of Itch, in Belgium, by sulphur, combined with lime, in a liquid form. The remedy is prepared by boiling one part of quick lime with two parts of sublimed sulphur, in temparts of water, until the two former are perfectly united. During the boiling it must be constantly stirred with a piece of wood, and, when the sulphur and lime have combined, the fluid is to be decanted and kept in a well-stoppered bottle. A pint of the liquid is sufficient for the cure of several cases. It is sufficient to wash the body well

with warm water, and then to rub the liquid into the skin for half an hour. As the fluid evaporates, a layer of sulphur is left upon the skin. During the half hour the acarus. is killed, and the patient is cured. It is only needful then to wash the body well, and to use clean clothes. In Belgium, the treatment is introduced by first rubbing the body for half an hour with black soap; but this does not appear to be necessary. The only essential act is that of the careful application of the fluid sulphur. The lime is of no importance in the treatment, except to render the sulphur soluble, and such would probably be the case if potass or soda were employed. The chief point in the plan thus employed, which is an improvement upon the mode of application of sulphur in substance with lard, is the more ready absorption of the remedy, and consequently the more certain and quick destruction of the insect, by using sulphur in a fluid form. In so disgusting a disease it must be of great moment to be able to cure it in half an hour.— Assoc. Med. Journal.

MEDICAL PRIZES.—Dr. John O'Reily, of New York, offers two prizes of \$250 each, "to the medical students of the United States," for the two best essays on the "anatomy and physiology of the animal and organic nervous systems." The essays to be sent to Dr. O'Reily, No. 230 Fourth-street, New York, on or before 1st of March, 1861.

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FEES.—Matriculation Fee, \$5,00; Professor's Tickets, (each) \$12,00; Dissecting Ticket, \$10,00; Diploma Fee, \$25,00.

July 1, 1860.

GEORGIA

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This Journal will be issued on the first of every month, and will contain forty-eight octavo pages of original and well-selected matter. It will be our aim and object, to the extent of our ability, to elevate the standing and dignity of the Medical Profession.

Questions connected with Medicine, or its sister Sciences, will be at all times welcome. Original essays and communications from members of the profession are respectfully solicited.

Trusting that our pages may, however, occasionally be perused by other than medical men, we shall, as far as practicable, avoid introducing such topics as might offend the modesty of our readers, although they might otherwise be a legitimate subject of medical communication.

We can only further say, that, so far as we are individually concerned, we shall endeavor to fulfill the promises thus made; and shall hope for a candid reception of an attempt to be useful. The aid and influence of the Press, together with the cordial support of Southern brethren, is respectfully asked; and should the plan on which we propose to conduct our Journal be approved, we cannot doubt an encouragement proportionate to its utility, and to the merit with which it may be sustained.

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EDITED BY
HORATIO N. HOLLIFIELD, M. D.,
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Lege totum, si vis scire totum.

VOL. I.

AUGUST, 1860.

NO.

SANDERSVILLE, GEORGIA:

PRINTED BY J. M. G. MEDLOCK, MASONIC HALL BUILDING. 1860.

PUBLISHED MONTHLY.

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GEORGIA

Medical and Surgical Encyclopedia.

VOL. I.]

AUGUST, 1860.

NO. 4

ORIGINAL COMMUNICATIONS.

Remarks on the Treatment of Pneumonia.

BY S. D. BRANTLEY, M. D., SANDERSVILLE, GA.

From observation, I am convinced that bloodletting has been used too indiscriminately in Pneumonia, and I am satisfied that much injury has often resulted from the use of this remedy. I have very seldom bled patients with this disease for the last two years, and certainly have no cause to regret the course pursued. The tendency of the majority of cases witnessed by me, has been to great debility and prostration of the vital powers after the fever and inflammatory symptoms have been subdued. In very many cases, I have found it necessary to give brandy freely. During the two past seasons I have bled three or four patients in Pneumo-One of these cases died, and the others required a long course of stimulants, tonics, nourishing diet, &c., before they recovered. I will here remark, that when I entered the profession, many years ago, it was the custom of all physicians to bleed in this disease, and I have no doubt at that time it was the proper course, in the early stage of the disease. For several years I pursued the same course, and met with fair success. More recently, however, the type of this as well as many other diseases, has undergone a change, and a strictly anti-phlogistic treatment, that was proper formerly, is, in many cases, inadmissible now.

In the epidemic which occurred in this county last Win-

1

ter and Spring, I resolved to dispense with bloodletting, altogether. Accordingly, when called, the 21st of January, to a negro girl, aged about twelve years, I determined not to bleed, notwithstanding the patient had a full, strong pulse, 135 per minute. The number of respirations, upwards of 50; the expectoration copious, very tenacious, and of a deep red (brick dust) color. The treatment of this case was commenced with solution of Tart. of Antimony, vj. grs., dissolved in a tumbler of water-a tea-spoonful to be given every two or three hours, with three drops of tinc. of Aconite with each dose. This treatment was continued with but slight variation, until the 28d. At this visit there was some abatement of the febrile symptoms, and less difficulty of breathing. The Antimony was discontinued, as the bowels were somewhat disordered, and prescribed the following

R. Sub. Mur. Merc. xij. grs.
 Pulv. Ipecac, xij. grs.
 Opii, iv. grs.

Mix. Divide into twelve powders, and give one every three hours. The Aconite to be given in the intervals of

the powders. Applied a large blister.

On the 24th, the remission of fever was more complete than I had noticed any previous day. The blister had drawn well, but was not very sore, and the surface discharging very little. Removed the cuticle and dressed with a stimulating continent. The medicines given on the previous day were left off. Gave x. grs. sulph. Quinine, divided into three doses, and left a quantity of powdered Ipecac, with directions for as much to be given as the stomach would bear, every three hours. On the 25th, found the symptoms much better; pulse about 100, respirations 25; the expectoration had lost its redness, was less viscid, and could be easily poured from a vessel. Gave Quinine as before, and the following mixture:

R. Syrup Ipecac, Scillse. Syrup, Spts. Nit. Dulc. as ounce j.

Mix. Give a teaspoonful every three hours. I would

remark that the blistered surface was now very much inflamed and discharging freely. On the 26th, she had very little fever, and the lungs almost completely relieved. She was, however, very much prostrated, the pulse quite feeble, and extremities cold. Ordered brandy, and the extremities to be constantly rubbed with warm red pepper tea, until reaction was obtained.

On the 28th, symptoms somewhat improved, though the pulse was still feeble, and prostration very great. The brandy was continued, together with nourishing diet. The patient was discharged, with the understanding that her case was to be reported every two or three days. Convalescence was exceedingly slow in this case, and she was unable to get out under five or six weeks.

I was requested on the 12th of April to see a negro man, aged about eighteen years, the property of Miss S. Pulse 150, full and strong; respirations 45 to 50 per minute; pain in left side, and cough very troublesome; the expectoration of the characteristic brick dust appearance, and quite tenacious. On percussion there was great dullness over all the region of the left lung. Gave tart. Antimony, viij, grs. to the tumbler of water; a tea-spoonful every three hours, with five drops of tinc. Aconite. On the morning of the 14th, I found the bowels so much affected that it was necessary to discontinue the Antimony. Gave the following:

R. Sub. Mur. Merc.

Pulv. Ipecac, aa xij. grs.

Opii, iv. grs.

Mix. Divide into six powders, one to be given every three hours, with five drops tinc. Aconite. On the 15th, found the symptoms no better. The discharges from bowels quite frequent. As the Antimony was, in consequence of this fact, inadmissible, it was necessary that a substitute should be given, as the lungs were still very much oppressed and inflamed. I determined to use the Ipecac as in the above case. The dose was gradually increased until he took about six grs. every three hours, without vomiting. The Aconite was also continued in the intervals. Gave also six drops

of spts. Turpentine, and ten or twelve drops of Laudanum, every three hours. On the 16th, the symptoms somewhat better, with the exception of the diarrhea. Directed the Ipecac to be given in smaller doses, and continued the Turpentine and Laudanum, and also the Aconite.

On the 17th, applied a large Blister, and continued the other treatment. Condition of patient not much improved.

On the 18th, the Turpentine and Laudanum appearing not to control his bowels, I gave the following

R. Acet. Plumbi, xij. grs.

Tannin, xij. grs.

Pulv. Opii, ij. grs.

Mix. Divided into six powders, and gave one every three hours. The febrile symptoms had, in a great measure, subsided, the pulse now quite feeble. The expectoration much improved in appearance; the general prostration very urgent. I directed a table-spoonful of brandy every two hours.

On the 19th, condition of the bowels, pulse and strength somewhat improved. Continued the powder and the brandy, but at longer intervals. It may not be amiss to state, in all cases in which Acetate of Lead is given internally, to have the patient drink freely of lemonade or vinegar water during its administration, as inattention to this has, in my knowledge in two instances, caused a most distressing lead colic.

On the 20th, found the patient better, though quite feeble. The treatment to be continued. The patient was now discharged, his case to be reported occasionally. Convalescence in this case, as in the first, was exceedingly slow, and he was four or five weeks in doors, taking brandy, nourishing diet, &c. I have pretty generally used the tinc. of Aconite in this disease, and have never seen any effect sufficiently marked to occasion alarm. I have no experience with the Veratrum, having never administered it, but have no doubt this is a much safer remedy. In Pneumonia occurring in infants, the treatment is somewhat different, and the diagnosis more difficult. Antimony is not a proper remedy for

young children, in consequence of its powerful sedative effects. I usually prescribe, in these cases, to a child from one to three years old, 1-4 to 1-6 gr. Calomel, with same quantity of pow. Ipecac, every three hours. When the pulse is frequent and strong, give Aconite in the intervals. Children, under two years of age, are less susceptible to the influence of Mercury, and I have often continued the above treatment for several days in succession.

When the fever has somewhat subsided, a blister will often complete the cure. In many of these cases, especially if the child is teething, an obstinate diarrhea will exist. If the gums are swollen, scarify them freely, and add two grs. of prepared chalk to each of the above powders. If this will not answer, use emulsion of turpentine or creosote.

I seldom use Opium or its preparations in these cases, to restrain the bowels, as it is most generally hurtful. Thousands of children are, no doubt, sacrificed annually by the prevailing habit in domestic practice, of giving infants laudanum and paregoric in bowel affections.

Domestic Practice.

BY A. C. C. THOMPSON, M. D., SANDERSVILLE, GA.

(Continued from Page 107.)

The morbid affections of the intestinal tube are various in kind and degree, but we shall only notice such as are of common occurrence and easily understood, and hence are proper cases for domestic practice.

Diarrhea is a disease that is incident to every locality, and attacks all ages and conditions of people. Probably there is no person of mature years who has not experienced this disorder in some form or other.

The characteristic symptoms of uncomplicated Diarrhoea are frequent thin discharges from the bowels, attended with little or no fever. It is sometimes accompanied with griping pains, and at other times there is scarcely any pain, but

only a sickening sensation experienced at each discharge from the bowels.

Diarrheea is frequently a concomitant of some other disease. In such cases there may be considerable fever, and other symptoms which belong more properly to the primary affection. That species of Diarrheea which attacks very young children during the summer months, and so often proves fatal in cities, is known as Cholera Infantum, or Summer Complaint. It is generally attended with more or less fever and furred tongue, irritability of stomach and rapid emaciation. The stools are very thin, either yellow or green, and sometimes almost colorless.

Simple Diarrhœa is frequently caused by improper articles of food, such as unripe fruits, fresh meats, and various indigestible articles. It is sometimes brought on by a change of drinking water, and frequently, in the Spring months, by sudden changes in the weather. The Cholera Infantum of children most commonly owes its origin to that irritability of the system attending the first dentition, or cutting of teeth, in connection with high atmospheric temperature and improper ventilation.

Treatment. When Diarrhoea is the result of improper eating, it will frequently cease when the exciting substances have passed from the bowels. If the discharges do not cease after due abstinence and rest, all the offending matter should be removed by a moderate dose of castor oil, containing a few drops of laudanum—from six to ten drops for an adult, and from one to four for a child, according to age. Most cases of simple Diarrhœa can be speedily relieved by a timely use of a patent medicine known as Jacob's Dysentery Cordial. We regard this as one of the best medicines of the kind ever offered to the public. very good Diarrhœa Cordial may be made by the following Take one quart of the expressed juice of Dewberries, or Blackberries, well ripened, add one and a half lbs. of good white sugar, and one-half ounce of ground cinnamon; put into a sauce-pan and stew till one third has evaporated, then add two ounces of pulverized rhubarb,

and continue the stewing till it has evaporated to about one pint; then filter through thin muslin, and add to the filtered liquor one gill of good brandy, two ounces tincture of kino, five grains sulphate of morphia, and twenty drops oil of peppermint. This may be used like Jacob's Cordial—one tea-spoonful to children of medium age, and one table-spoonful to adults.

When Diarrhoea assumes a chronic form, and the stools are of a bilious character, it will often yield to the following treatment: Take blue mass twenty-four grains, ipecacuanha six grains, sulphate of morphia half a grain; mix well and form into four pills, and give one every three or four hours until relief is effected.

Much depends upon a proper regulation of diet and exercise. The patient should eat as little as possible, and should abstain from all stimulating articles of food or drink. He should also keep as quiet as possible both in mind and body, and if there is fever or pain or much uneasiness of any kind, he should be confined most of the time to a hard bed or pallet, in a cool situation. Very little benefit can be expected from medicinal agents without proper attention to regimen.

The Diarrhoea of young children, generally known as Cholera Infantum, requires the strictest attention. Many children have died from this complaint, who might have been saved by timely attention to diet and exercise, and the administration of some simple remedies, such as chalk mixture, or diarrhoea cordial at the commencement of the disease. But some parents take no notice of it until it has run on for several days; the liver, stomach and intestines have become seriously implicated, and then it may baffle the skill of the most experienced physician.

If Cholera Infantum does not yield to the first simple treatment, but the abdomen becomes swollen and the liver enlarged, attended with fever and furred tongue, we would prescribe as follows: Calomel and ipecacuanha each three grains, sugar of lead four grains, prepared chalk twenty grains; mix well, and divide into six powders, one to be

given in a very little syrup, or mucilage, every three hours, until the discharges are arrested and the unfavorable symptoms relieved. If there is nausea with griping pains, a few drops of spirits of turpentine should be given with the above-mentioned powders, say from three to six drops, according to the age. If it is about the time of teething, and the gums are inflamed and swollen, they should be freely lanced. When there is tenderness and unusual degree of heat in the region of the stomach, much relief will sometimes be afforded by applying from two to four leeches over the stomach, and applying afterwards a soft warm poultice of hops, or light-bread. In cases of chronic Diarrhoea of children, a fly-blister over the abdomen will sometimes afford relief when other remedies have failed.

Under almost all circumstances of Cholera Infantum, a warm bath administered once or twice a day is likely to prove beneficial. Particular attention should be paid to cleanliness and fresh air. If in a city, the patient should be removed to the country if practicable, or taken into the country air as much as possible; and under all circumstances, free ventilation and change of air is advisable.

We will now offer a few remarks upon Dysentery, which may be regarded as a more serious inflammation of the intestinal tube. In Diarrhoea the inflammation is confined chiefly to the small intestines, but when it extends to the large intestines, producing bloody mucous discharges, accompanied with pain and straining, it is then Dysentery, or at least Dysenteric Diarrhœa. Hence, we see that Diarrhoea may run into Dysentery. In simple Dysentery the large intestines alone are affected. There is also higher and more constant fever than in simple Diarrhoea, and hence more rapid prostration. The fever in Dysentery sometimes assumes a typhoid grade, which may be recognized by the quick feeble pulse, great prostration, tongue dark brown in the middle, and sordes, or brown, dry scales on the teeth and lips. This species of Dysentery is apt to prove fatal if not very strictly and properly attended to.

Treatment. One of the first indications in the treatment

of Dysentery is to clear the bowels of fecal matter, that is, the natural excrement, which is apt to be retained in the small intestines. This may be done by a moderate use of castor oil, or epsom salts; after which, the discharges should be checked by an opiate mixture, such as Dover's powder given in eight grain doses every three hours, or take calomel five grains, ipecacuanha three grains, morphia one grain, extract of hyosciamus twelve grains; mix and divide into five pills, and give one every two or three hours. The above doses are for adults. Sometimes the discharges may be checked after taking the oil or salts by using Jacob's Dysentery Cordial. When there are frequent bloody discharges, accompanied with much pain and fever, we have seen the best results from small effervescing powders containing aconite and morphia. Take bicarbonate of soda two drams, citric acid one and a half drams; divide the soda and acid each into six equal powders. Then, take one grain of extract of aconite, and one grain of morphia, and mix them well with a table-spoonful of white sugar, by grinding them in a Wedgwood mortar until all the aconite is completely mixed; then divide into six powders, and put one of these into each effervescing draught, which should be taken every two hours, by mixing the soda and acid in small quantities of water in separate glasses, just as seidlitz powders are taken.

If there is much straining and pain, or soreness in the rectum, the unpleasant symptoms may be allayed by administering occasionally a small injection of starch and laudanum. To three ounces of thin starch or mucilage, add fifty or sixty drops of laudanum, which must be thrown into the rectum with a small syringe, and about the same temperature of the body.

When there is irritability of the stomach, attended with great thirst, the patient should guard against drinking freely, but the irritability and thirst may be allayed by swallowing small pieces of ice at short intervals, say, about as large as the kernel of an almond.

When the fever is intermittent, quinine should be pre-

scribed, always giving it during the intermission, and in time to prevent the return of the fever if possible. Take quinine and Dover's powder each twenty grains, mix and form into five pills, one to be taken every two hours, or oftener, if there is a short intermission between the fevers.

In chronic Dysentery, an emulsion of balsam of copaiba and spirits of turpentine is often beneficial. Make a mucilage by dissolving three table-spoonsful of gum arabic in a tumbler nearly full of water, and sweeten it with a table-spoonful of white sugar. To seven table-spoonful of this mucilage, add one table-spoonful of the balsam of copaiba and one tea-spoonful of turpentine, and give one table-spoonful every three hours.

When there are typhoid symptoms, with much prostration, the physical strength should be sustained by a judicious use of good brandy, wine, or old rye whisky, a teaspoonful for an adult male every two or three hours, and a less quantity for a female.

The best medical treatment will frequently prove ineffectual in Dysentery, unless associated with proper dieting and nursing. The patient should be restricted to the simplest articles of drink and diet, and in very small quantities. His drink should be the best black tea, rice water, toast water and gum arabic mucilage, in very small quantities. His food should be arrow-root, tapioca, sago, rice, beef tea, &c. These articles of food and drink must be changed to suit the taste of the patient. During the febrile state, scarcely any food will be necessary.

The apartment should be well ventilated, bed hard and clean, the stools should be removed as soon as discharged, and if there is any offensive smell about the room, the floor and bed should be lightly sprinkled with chlorine water, or some disinfecting agent.

The patient should be kept as quiet as possible, both in mind and body; and if he is weak, he should not get up to the stool-mug, but should use a bed-pan.

We forgot to mention in the proper place, that in chronic cases of Dysentery, a few leeches or cups, applied on each

side of the abdomen, in the region of the colon, or large intestine, are sometimes beneficial. If there are typhoid symptoms, a blister over the abdomen would probably be safer than leeching or cupping.

Removal of a Tumor,

BY DR. HEMMING, PROFESSOR OF SURGERY IN OGLETHORPE MEDICAL COLLEGE, SAVANNAH, GA.

GENTLEMEN:—On the 12th of this month, assisted by Dr. Jordan, of Sparta, and Dr. Roe, of Mayfield, I removed a fatty tumor from the arm of a boy belonging to Edward Evans, Esq., of Hancock county, Ga. As I find your journal is going to press, my communication will necessarily be brief. An incision was made in the arm commencing at the origin of the median basilic and median cephalic veins, about two inches and a half in length, extending nearly to the basilic vein and almost parallel to it. A branch of the external cutaneous nerve was on each side of the section, but were left uninjured and no veins were divided. attempt was made to save the aponeurotic expansion of the biceps muscle by enucleating the tumor from beneath it. Failing to do this, as the pedicle of the tumor was firmly -adherent to the interesseous membrane, the expansion was reluctantly divided. Raising the tumor from its bed, it was found to be five inches in length, three inches broad, and about two inches thick in the middle, the margin being an inch thick on the thinnest border. The flexor carpi radialis and pronator radii teres were carefully deflected from a portion of the upper surface and inner border, and, on lifting the tumor, the ulnar artery was found in a groove of the tumor about'two inches in length; this was detached, the median nerve was gently drawn aside, and the base of the tumor enucleated as far as the interosseous membrane. The upper portion of the tumor was then drawn firmly forward, and a short groove containing the interosseous artery was laid open, the radial artery was liberated in a similar manner, and the tumor separated from the interosseous membrane between the median nerve and radial artery. Up to this date, (five days after the operation,) the patient has done remarkably well, there has been neither fever, pain, inflammation or suppuration; the pulse has never been above eighty, the bowels have been regulated, the diet plain but nourishing; the after treatment was, merely, interrupted sutures, adhesive straps, a loose roller for the purpose of topically applying cold water containing a small quantity of pyroligneous acid, and at intervals the bandage would be wetted with equal parts of tr. opii and tr. arnicæ flores. Yours, very respectfully,

F. HEMMING, M. D., Sparta, Hancock Co., Ga.

Extracts from the Code of Medical Ethics,

SAN ANTONIO, June 9, 1860.

EDITORS ENCYCLOPEDIA:—Herewith I send you a few extracts from the Code of Medical Ethics, adopted by the American Medical Association—a body of physicians regarded everywhere as the acknowledged head and representative of the medical profession of the United States; and such being the case, I think every physician ought to conform to the rules prescribed by them. If you think it will be of any benefit to the profession, I would like to-see these extracts in your journal.

Yours, very truly,

J. T. WINTER.

SECTION II.

ART. 1.—Duties for the support of professional character.

§ 1. Every individual, on entering the profession, as he becomes thereby entitled to all its privileges and immunities, incurs an obligation to exert his best abilities to maintain its dignity and honor, to exalt its standing, and to extend the bounds of its usefulness. He should, therefore, observe strictly such laws as are instituted for the government of its members—should avoid all contumelious and sarcastic remarks relative to the faculty, as a body; and while, by

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unwearied diligence, he resorts to every honorable means of enriching the science, he should entertain a due respect for his seniors, who have, by their labors, brought it to the elevated condition in which he finds it.

- § 2. There is no profession, from the members of which greater purity of character, and a higher standard of moral excellence are required, than the medical; and to attain such eminence, is a duty every physician owes alike to his profession, and to his patients. It is due to the latter, as without it he cannot command their respect and confidence, and to both, because no scientific attainments can compensate for the want of correct moral principles. It is also incumbent upon the faculty to be temperate in all things, for the practice of physic requires the unremitting exercise of a clear and vigorous understanding; and, on emergencies, for which no professional man should be unprepared, a steady hand, an acute eye, and an unclouded head may be essential to the well-being, and even to the life, of a fellow creature.
- § 3. It is derogatory to the dignity of the profession to resort to public advertisements or private cards or handbills, inviting the attention of individuals affected with particular diseases—publicly offering advice and medicine to the poor gratis, or promising radical cures; or to publish cases and operations in the daily prints, or suffer such publications to be made—to invite laymen to be present at operations, to boast of cures and remedies—to adduce certificates of skill and success, or to perform any other similar acts. These are the ordinary practices of empirics, and are highly reprehensible in a regular physician.
- § 4. Equally derogatory to professional character is it, for a physician to hold a patent for any surgical instrument, or medicine; or to dispense a secret nostrum, whether it be the composition or exclusive property of himself, or of others. For, if such nostrum be of real efficacy, any concealment regarding it, is inconsistent with beneficence and professional liberality; and, if mystery alone give it value and importance, such craft implies either disgraceful igno-

rance, or fraudulent avarice. It is also reprehensible for physicians to give certificates attesting the efficacy of patent or secret medicines, or in any way to promote the use of them.

ART. IV.—Of the duties of physicians in regard to consultations.

- § 1. A regular medical education furnishes the only presumptive evidences of professional abilities and acquirements, and ought to be the only acknowledged right of an individual to the exercise and honors of his profession. Nevertheless, as in consultations the good of the patient is the sole object in view, and this is often dependent on personal confidence, no intelligent regular practitioner, who has a license to practice from some medical board of known and acknowledged respectability, recognized by the American Medical Association, and who is in good moral and professional standing in the place in which he resides, should be fastidiously excluded from fellowship, or his aid refused in consultation, when it is requested by the patient. But no one can be considered as a regular practitioner, or a fit associate in consultation, whose practice is based on an exclusive dogma, to the rejection of the accumulated experience of the profession, and of the aids actually furnished by anatomy, physiology, pathology, and organic chemistry.
- § 2. In consultations, no rivalship or jealousy should be indulged; candor, probity, and all due respect should be exercised towards the physician having charge of the case.
- § 3. In consultations, the attending physician should be the first to propose the necessary questions to the sick; after which the consulting physician should have the opportunity to make such further inquiries of the patient as may be necessary to satisfy him of the true character of the case. Both physicians should then retire to a private place for deliberation; and the one first in attendance should communicate the directions agreed upon to the patient or his friends, as well as any opinions which it may be thought proper to express. But no statement or discussion of it should take place before the patient or his friends, except

in the presence of all the faculty attending, and by their common consent; and no opinions or prognostications should be delivered, which are not the result of previous deliberation and concurrence.

§ 7. All discussions in consultation should be held as secret and confidential. Neither by words nor manner should any of the parties to a consultation assert or insinuate, that any part of the treatment pursued did not receive his assent. The responsibility must be equally divided between the medical attendants—they must equally share the credit of success as well as the blame of failure.

ART. V.—Duties of physicians in cases of interference.

- § 4 A physician ought not to take charge of, or prescribe for a patient who has recently been under the care of another member of the faculty in the same illness, except in cases of sudden emergency, or in consultation with the physician previously in attendance, or when the latter has relinquished the case, or been regularly notified that his services are no longer desired. Under such circumstances, no unjust and illiberal insinuations should be thrown out in relation to the conduct or practice previously pursued, which should be justified as far as candor, and regard for truth and probity, will permit; for it often happens, that patients become dissatisfied when they do not experience immediate relief, and as many diseases are naturally protracted, the want of success, in the first stage of treatment, affords no evidence of a lack of professional knowledge and skill.
- § 5. When a physician is called to an urgent case, because the family attendant is not at hand, he ought, unless his assistance in consultation be desired, to resign the care of the patient to the latter immediately on his arrival.
- § 8. A physician, when visiting a sick person in the country, may be desired to see a neighboring patient who is under the regular direction of another physician, in consequence of some sudden change or aggravation of symptoms. The conduct to be pursued on such an occasion is to give advice adapted to present circumstances; to inter-

fere no further than is absolutely necessary with the general plan of treatment; to assume no future direction, unless it be expressly desired; and, in this last case, to request an immediate consultation with the practitioner previously employed.

ART. VII.—Of pecuniary acknowledgments.

Some general rules should be adopted by the faculty, in every town and district, relative to pecuniary acknowledgments from their patients; and it should be deemed a point of honor to adhere to these rules with as much uniformity as varying circumstances will admit.

SECTION III.

ART. II .- Obligations of the public to physicians.

§ 1. The benefits accruing to the public, directly and indirectly, from the active and unwearied beneficence of the profession, are so numerous and important that physicians are justly entitled to the utmost consideration and respect from the community. The public ought likewise to entertain a just appreciation of medical qualifications—to make a proper discrimination between true science and the assumptions of ignorance and empiricism—to afford every encouragement and facility for the acquisition of medical education—and no longer to allow the statute books to exhibit the anomaly of exacting knowledge from physicians, under liability to heavy penalties, and of making them obnoxious to punishment for resorting to the only means of obtaining it.

SELECTIONS.

Reforms in Medical Education.

[From the Philadelphia Medical and Surgical Reporter.]

In discussing this subject we can very naturally divide it into three parts. First—regarding the student who is to be educated; secondly—the science in which he is to be educated; and thirdly—the teacher who is to educate him. In each of these points, our present system of medical education presents deficiencies, demands reforms, and to each apply the resolutions presented and adopted at the late session of the American Medical Association.

Regarding the first point—and to this our remarks to-day will be limited-fundamental questions are involved, and any reform to be brought about, must, from the very nature of the case, be radical. We know this word "radical" is disliked in many quarters, yet we can no better designate the changes which are to be brought about, and which have received the sanction of the American Medical Association, than by this term. They are radical! Why then not say so? They will, if carried out, lead ultimately to a complete and perfect change of the present system; we are performing not more than our duty, when we call this thing by its right name. Besides, in medicine, the term "radical" need not be looked upon as so very offensive. The history of medicine is but the history of the most radical changes; of all sciences, it is the least conservative, and the most progressive. Is it reasonable to expect medical education to become fossilized in old forms, when every day witnesses the evolution of a thousand new facts from their chrysalis into independent life? Is it reasonable to expect coming generations to tread the same old beaten track, when the only progress that has ever been made, has been by striking new paths?

But to the point. Shall the admission of young men into the ranks of students of medicine be restricted? This is

the practical question. We care not what may be said to the contrary, wise men may show us the printed charters of medical colleges to convict us of an error. We affirm boldly that there is no young man, who has got it into his head that he is destined to become a physician, however deficient his elementary knowledge, not to speak of general scientific and classic attainments, but will find some preceptor in good standing to take him into his office, and some college, called regular, in which he can matriculate and from which he can obtain a diploma. If it were necessary at all to argue this point, case upon case might be brought forward in substantiation. We know very well that the great mass of medical students at the present day are possessed of an excellent preparatory education; and we are not at all disposed to join the cry of many who wail and lament, refusing to be comforted, over the scientific status of the rising generation. On the other hand, in reference to the subject of a classic education, let it be remembered that in the last fifty years we have actually become five hundred or a thousand years farther removed from the silver age, when we consider the moral effect of what has passed within that time. A man to-day lives more in one year than formerly There is no room for much classics in these days. in five. The iron horse has taken the lustre off the famous wooden horse of Troy, and the telegraph wires speak with voice as loud and eloquent as once Cicero or Demosthenes, of the progress of mankind. The indifference towards classic studies, so obvious in our time, has its natural causes. human mind is limited. To a certain extent the law in physics, that two things cannot occupy the same place at the same time, applies to it. Natural sciences have grown up and taken the lead. Something must make room for As the individual who devotes all his time and his energy to the study of chemistry, for instance, cannot be expected to become a critical classical scholar, or if he has been will soon lose much of his former knowledge; so with the mind of mankind. We might as well lament over the disappearance of the good old traveling coach, as over the gradual downfall and decay of classic studies.

With these remarks, on the one hand knowing that the great mass of the medical students of this day have enjoyed and profited by the opportunities of a good preliminary education, and on the other hand considering the downfall of the old fashioned classic education as natural, and as an evident sign of progress in other directions, we cannot be accused of laying too severe a critical measure upon the present system of medical education. Yet we are neither writing a panegyric on the former nor the epitaph of the latter, but a review of facts; and the lamentable truth can not be denied, that the present system of medical education has caused, or, if the term is preferred, has allowed, the admission into our profession of men whose ignorance has cast a dark shadow upon themselves and their brethren, and who, lacking every higher and nobler ambition, have degraded the most liberal of the liberal professions down to a mercenary trade.

The radical change to which we have alluded is, that the indiscriminate admission of young men into the ranks of the profession as students be restricted. Sooner or later, this reform must be carried out. There is, we believe, not one literary college in the land, which does not require a preliminary examination. Yet any one who can write his name and the name of his preceptor, though ignorant to the last degree, may enter the temple of our most noble science. It is time that guards should be placed at its very threshold.

But a few words need we say about the manner of restriction. The discriminating power should be vested in the State and District Societies. No student should be allowed to matriculate who cannot present certificates of recommendation from the Board of Censors of the District in which he lives. Where such societies do not exist, special censors appointed by the State Society of the respective States in which colleges are located, should be ready at given times to examine candidates for admission. The requirements necessary for admission should be decided by the American Medical Association, and the Boards of Ex-

aminers be guided thereby. A distinction between graduates of literary institutions and others should not be made in these examinations for admission. The diploma from a literary college is frequently no more a sign that its holder really possesses literary or classic attainments, than a medical diploma shows that its holder really deserved it. there be strict equality—every one on his own merits. Again, without saying anything against a so-called classic education, we would urge the study of living languages as important in the preparatory curriculum. If it is a profitable pleasure to crack a joke with Horace, to listen to the powerful invective of Cicero, or to be moved by the sweet pathos of Homeric songs, the study of German and French is not the less profitable and pleasurable to the medical student and the physician. It is a fine thing to read Hippocrates and Celsus in the original, yet it is as pleasing, perhaps more so, to do the same with Virchow and Bernard.

Lastly. A proper restriction, an examination to determine the intellectual and moral capacity of the candidate, how much expectation disappointed and hope blasted would it not present! Alas, how many young men have thoughtlessly entered the open portals of our profession, when but too late they found that they were never made to be physicians! Their money spent, their friends disappointed, their self-reliance gone and hopes blown to the winds, they had the alternative of dragging on a weary, weary existence, practicing mechanically an art which they had not mastered and did not like, cursing it and their fate, or to leave it, regretting the time they had lost in it. Their name is legion. Would they not have blessed their fate in days long after, had some guardsmen stood at those portals and forbidden their entrance!

Whoever will impartially compare medical science, as taught in our colleges thirty or forty years ago, with the average status of teaching in our medical schools at the present time, must come to the conclusion that there has been a gradual, but very decided progress; and this is the more pleasing to contemplate, because it has been almost entirely spontaneous—not the result of any coercive measures.

Yet much remains to be done. In many departments of medical science, our teaching at present is deficient, while other branches of great importance are not taught at all. We will be able to present our views on this subject much more clearly by taking up the more important branches of medicine, and discussing them seriatim.

Anatomy.—In most of our schools practical anatomy is prosecuted with great zeal; yet a certificate of having devoted a certain time to the study of this science in the dissecting room is not made a peremptory requisite of graduation, as it should be. No man can study anatomy from books and plates. He may, by severe memorizing, enable himself to pass an examination; yet this can hardly be considered the kind of anatomy that is wanted for the successful and intelligent practice of medicine and surgery. It is the habitual use of the scalpel in dissecting the dead body, that gives precision and certainty to the hand and eye, and mind of the surgeon, when using bistoury or catline, and aids the physician in locating, by means of physical exploration, disease. It would be a waste of paper and ink, and an imposition upon our readers, to argue a point, the truth of which is so apparent at a glance. While giving due credit to what has been done in the study and advancement of anatomy in our schools, we would suggest that one of the much needed reforms in medical education is, that the prosecution of practical anatomy should be made a conditio sine qua non of graduation; for incredible as the statement may appear, we know of, and could cite many instances of persons obtaining diplomas, and being thus admitted to all the immunities and responsibilities of medicine, who had never handled a scalpel upon a cadaver.

Similar remarks apply to *Chemistry*. Chemistry cannot be studied to any advantage from books alone, or from listening to lectures, however amply illustrated by experiment. A few months spent in the practical manipulations

of the laboratory, in simple experimentative and analytical chemistry, are indispensable requisites for a sound medical education. Certificates that the candidate has devoted a certain time to this purpose, should be required of the candidate for a degree.

Physiology.—This is all-important, and in proportion as modern science—pathology, and, to a great extent, rational therapeutics—is based upon physiology, must be the reforms, must be the progress yet to be accomplished, before we can claim that our present system of medical education comes up to the requirements of the age. Let us recollect that it is but a very few years ago since physiology has become an acknowledged special branch at all, in most of our schools. Under the term "Institutes of Medicine," generally appended to some other chair, it is true the student was taught some physiological facts, mingled, however, with a mass of theoretical rubbish, that tended more to bewilder than to enlighten him. Since the days of Magendie, physiology has derived a new impulse. The principle that physiology must be studied as much as possible on the living organism, it being the study of the phenomena of life, has alike caused the downfall of the chemical physiology introduced by Liebig and his followers, which drew its inferences from crucible and test-tube, outside the living body, and the theory of vitalism, until modern physiology has arrived at a stage which may be truly called, to use a metaphysical phrase, the stage of realism. Digestion, absorption, assimilation, circulation, respiration, secretion, and excretion, must be studied experimentally if we wish to obtain a clear insight into physiology. Plates and diagrams can no longer supply the scalpel, the gastric fistula, the galvanometer, the test-tube, nor is it possible to derive a correct appreciation of the functions of the nervous system from anything short of observations of nervous phenomena during life. The objections once raised against vivisections have been triumphantly silenced by the glorious discoveries of Bernard, Brown Sequard, Marshall Hall, Du Bois Reymond, Dalton. It is, indeed, experimental physiology par

excellence, that characterizes the progress of medicine at this time. Of course it cannot be expected that the changes and reforms in this department, which has so rapidly grown in importance, should be carried out at once and suddenly. They must take place gradually. Yet, by well directed efforts of the medical press of the country, and those interested in medical education, the time can be hastened when physiology will occupy its proper place among the branches taught in medical colleges. A small but energetic army of enthusiastic and intelligent physiologists are at work. It will not be long before their influence will make itself felt in the proper quarters.

Clinical Medicine.—With much propriety hospital and bedside teaching is insisted upon by those anxious to improve the present system of medical education. Mere didactic ex-cathedra teaching is not sufficient to make an efficient practitioner. Our hospitals should be more and more thrown open to clinical teaching and to clinical teachers. In our larger cities, much has already been done in this respect. Still there is ample room for improvement.

In Surgery there are many blanks to be filled. Opthalmic and aural surgery have not yet received that share of attention in the regular curriculum of studies which they demand. To operative surgery more attention will in time be paid.

Midwifery.—The peculiarities of American life render the establishment of obstetric clinics difficult. Yet these very peculiarities tend to throw much more responsibility upon the practitioner in our country, than elsewhere. It should be made an imperative requisite of the candidate for graduation to have attended a certain number of cases under the supervision of his teacher, and practiced all the various operations of midwifery satisfactorily upon the manikin.

Medical Jurisprudence.—It is a curious fact that our country can boast of the most voluminous and comprehensive work on Medical Jurisprudence, while this practically important part of our science is entirely neglected in the

The honor, the reputation of the physician, the schools. safety of the community, and the liberty and life of his fellow-man frequently depend upon his testimony. ignorance displayed not unfrequently by medical witnesses, their looseness of expression, indicating a looseness of ideas regarding medico-legal questions, has perhaps contributed more than anything else to lower the estimation of our profession in the eyes of the public. It cannot be otherwise, when in reference to his duties relating to the Commonwealth, the young graduate walks out of the College halls entirely ignorant. The first case to which he may be called after locating himself, may be one of a criminal nature. He is to distinguish, perhaps, between drowning, suffocation and strangulation. Good fortune and a certain amount of common sense may, perhaps, guide him to a proper opinion in the case. Yet these are not the only qualifications to enable him to give a scientific medico-legal opinion. We hold that medical jurisprudence and public hygiene must in time be made a special part of our medical teach-They are studies, which cannot be exhausted in a dozen lectures; and we believe that this is about all allowed to them in those Colleges where they are taught, while in most, medical jurisprudence forms but nominally a branch Reform is necessary, in this respect, more of instruction. perhaps than in any other. It is ridiculous to instruct the student how to give medical evidence, when the substance of medico-legal questions is to him a hidden thing. struct him in the latter, and he will know the "how."

A Sure Remedy for Arresting Uterine Hemorrhage in Pregnants and Parturients.

[From the Louisville Monthly Medical News.]

We find in the Cleveland Medical Gazette the mode advocated by Dr. Weber for the arrest of uterine hemorrhage, which he has found so efficient, that he has "never lost a woman in child-bed in consequence of hemorrhage from the womb."

It finds its application-

- a. In abortions, where the membranes or placenta partially get separated from the walls of the womb, and, in consequence of the opening of the blood vessels, a profuse hemorrhage takes place, the contraction of the artery being prevented by the fetus.
- b. In placenta prævia, when in the last stage of gestation, hemorrhages occur in consequence of the gradual separation of the placenta.
- c. The fifth period of parturition, with the partial separation of the placenta.
- d. In atony of the uterus, immediately after parturition, these contractions either fail entirely, or are not sufficient, in consequence of which hemorrhage ensues.

These are cases of the most dangerous character, and the remedies recommended for them are mostly insufficient and unsatisfactory.

It is for this reason that we still hear of fatal cases occurring under the circumstances as above mentioned, although the method to be here suggested, and by me frequently proved as effective, will in every instance keep off death, and will insure to the obstetrician the same safety that the ligature does to the surgeon. I mean the compression of the arteria aorta descendens.* A pressure applied to this artery, in the region of the fourth lumbar vertebra, will prevent the access of blood to those vessels, and in consequence arrest the uterine hemorrhage. Although the vessels of the artery connect with some branches of the arteriæ spermaticæ, which take their origin from the renal artery, or the aorta itself, consequently above the place of compression, yet these ramifications are so small, and enter so little into the parenchyma of the uterus that they can come only very little into consideration, at the same time they terminate in the fundus uteri where the contractions first commence, and, consequently, the closing up of the blood vessels takes place first.

*The arteries which supply the uterus with blood are branches of the arteriæ hypogastricæ, which originate from the iliacs, which form the lowest branch of the aorta descendens.

The unimportant small branches, which the uterus receives from the external spermatice, take their origin from the cruralis and have their termination below the place of compression.

After urging objections to the tampon, and to the tight bandage immediately after birth, Dr. Weber gives the following as his plan: "In order to perform this small operation, the patient is to be placed on the back, the pelvis somewhat raised, and the thighs drawn up towards the abdomen, to relax the abdominal walls; then you search with stretched hand for the fundus uteri, which generally you will find near the navel; push forward with the fore and middle fingers, immediately above the fundus uteri, in a perpendicular direction, and at the same time try to push the intestines upwards, which is easily accomplished. In this manner you reach the spinal column, and feel plainly the pulsation of the abdominal artery. Now you press with the fore and middle fingers perpendicularly upon the artery, the hand forming almost a right angle with the spinal column. It is best, if possible, to use the right hand, because the aorta, running somewhat to the left of the spinal column, occupies the angle formed by the fore and middle finger, which greatly facilitates the compression. In this way you have it in your power to suppress the circulation in the aorta either more or less as the pressure is steadily or temporarily made."

A Spiritualist Doctor.

The following incident is from the New York Times, upon whose responsibility we copy it:—A short time since the child of one of our up-town families was suddenly seized with a sickness, which seemed so serious, that immediately the family physician, a man of long beard, long bills, and its accompaniments, was sent for in great haste; but, alas! he came not, and the sudden culmination of the disease into a terrific convulsion compelled the family to abandon their regular doctor and send for the nearest one, who

proved to be an educated man of the old school—a serious objection, indeed, to the family, but which, in their distressed situation, could not well be helped. The character of the difficulty was quickly perceived, and an emetic speedily removed a quantity of undigested and improper food, restoring the child to comparative health. The thanks of the whole family were prodigally bestowed upon the physician, the preserver of their child, who was requested to continue his attendance till the child was entirely recov-The next morning brought the tardy Dr. Pellets, ered. who was met with a storm of reproaches for his neglect and inattention, and with the statement that if they had waited for him their child would now have been a corpse, and that now, as the doctor had done so much for them, they could never repay him, and an intimation was held out that they should continue to employ him for the future. Dr. Pellets could not afford to lose so valuable a family without a struggle to retain it; so he said, commiseratingly: "I regret, my dear madam, the alarm you have been under, and the danger in which your beautiful darling has been. what hour did you say the child began to improve?" "It was just as the clock struck four," was the answer. my dear lady, I thought it was so. It was five minutes before four o'clock when I entered my house and saw your call upon my slate. My spirit was put into immediate communication with your child, and through it I was enabled to act upon the convulsed spirit of your charming little cherub!" "Is it possible, my dear Doctor Pellets? We thought it was almost a miracle, and foolishly attributed it to the action of this allopathic's poisonous emetic, which indeed only brought a few raisin skins and stones and a little bit of mince pie it had eaten! Ah! Doctor, forgive us for doubting you, and the hard words and harder thoughts we have had for you." Poor Dr. Squills was incontinently, most unceremoniously, kicked out, and the spirits are in full favor. Even a doctor with journeymen assistants can't compete with one who has spirits at command with less trouble than Aladin.

On Syphilitic Pneumonia.

(From the Southern Medical and Surgical Journal.)

We well remember hearing Dr. Stokes describe a form of pneumonia, common amongst drunkards, and which he called "drunkards' pneumonia." There is also an inflammatory consolidation of the lung which owes its origin to the poison of syphilis; and hence is well worthy of the appellation of "syphilitic pneumonia." At the Royal Free Hospital, on the 22d ult., we were shown a well-marked case of the latter, under Dr. O'Connor's care; the patient, who was admitted about the middle of July, being thirtyfive years of age. His syphilitic history was clear, and was associated with a papular eruption, some of the coppercolored spots being visible up to the present time about the back and shoulders. On his admission, the physical signs of pneumonia were present, the dullness over both lungs was very considerable and extensive, and the vocal resonance was strong and distinct all over each. The dyspnœa, therefore, was urgent, but the breathing was not so embarrassed as in ordinary pneumonia. There was also frequent cough, without expectoration, associated with much wasting, and a small and quick pulse (100). His treatment consisted of blisterings all over the chest, five-grain doses of iodide of potassium from the 23d to the 28th of July, and four grains of mercury, with four grains of extract of conium, three times a day, were ordered, and continued till the mouth became sore; and a quarter of a grain of muriate of morphia every night. The gums are tender now; he is taking iodide of potassium with his cough mixture, and the disease is yielding. One of his testicles was much enlarged, of a pyriform shape, and indurated, principally depending upon enlargement of the epididymis. His voice is hoarse and husky.

This is one example, in some six or seven, which have been admitted into this hospital with the symptoms of inflammatory chest disease, clearly the result of syphilis. A case, in many respects, similar to it, is under Dr. Willshire's care at the Charing-cross Hospital, differing only

to this extent, that the bronchial tubes, trachea, and faucial mucous membrane have been affected, instead of the lung tissue. The patient is a middle aged woman, whose history is obscure, but the ulcerations and other peculiarities point to syphilis as the cause of the disease. The secretion from the tubes is copious, and occasionally hemorrhagic. She has much improved under the use of the syrup of the iodide of iron.

We have seen cases in the Royal Free Hospital, under Dr. O'Connor's care, wherein the evidences of phthisis were present, with an absence of the physical signs of the disease, the symptoms depending upon constitutional syphilis, and readily yielding to the exhibition of mercury.

Absinthe Drinking in France.

In consequence of the death of Grassot, the comic actor, from the effects of absinthe, coming soon on that of Alfred de Musset from abuse of the same insidious beverage, the committee of the Academie de Medicine has just ordered researches to be made upon the various results of absinthe drinking, which has of late years assumed an importance unequaled by the gin-drinking of England, or the schnapps of Holland. The consequences of this habit are proved upon examination, to have become fearful all over France and Algeria. The most remarkable of these, and one which may be considered unique, is the frequency of hallucination, generally of the most horrid kind; fancied guilt of murder and crime of every description, which renders the poor victim liable to suicide even when in apparent possession of every security and blessing. The catalogue of ills brought on by absinthe is painful in the extreme, when associated in one's mind with the memory of the joyous, mirth-moving Grassot, or the sensitive Musset. The seventeen symptoms mentioned in the report of Dr. Legrond de Saule, each one more horrid and hideous than the other, as following sure as the death which comes after all, to be characteristic of the indulgence in absinthe, should

be sufficient to deter the young beginner from placing the "emerald poison," as poor Musset has poetically called it, to his lips, for any one of them seems to erase at once the poor patient from all pleasures and enjoyments of the world, and even to deprive him of his place among his fellowbeings.

[From the American Medical Times.]

THE CHICAGO ZOUAVES.—The visit of the Chicago Zouaves to our Eastern cities may properly be regarded with interest by physicians and sanitarians, as being happily adapted to awaken greater attention to the subject of physical education. Here is a company of young gentlemen, who, by strict adherence to physiological laws in all their personal habits, no less than in their special manual exercises and military evolutions, have acquired such dexterity, muscular strength, agility, and astonishing powers of physical endurance, that the press, the populace, and the military of New York can scarcely find words to express the universal admiration and surprise which this young military corps has excited among us. How different this from the degrading engagements of acrobat showmen and the pugilists, both in results to the actors and the effects upon the community! The time and means expended by these young men have been amply rewarded in the increase of enduring physical energies in their own persons, while their wonderful agility and their perfection of physique, as manifested in all their manœuvres, fascinate all beholders, and strongly confirm the opinion, that "the zouave-iter in modo is fortiter in re," no less for the individual man than in the active service of the military corps. Perfect ease of posture and complete command of every muscle are strikingly exhibited in every movement of these men-the welltrained muscles and healthy frame of each individual soldier happily illustrating the theory of the effectiveness of the Zouave corps in battle-viz: complete unity of purpose with perfect individuality of action. We recommend to

young men both the gymnastic training and the peculiar physical habits of these citizen soldiers, especially their rigid abstinence from all that can intoxicate.

A New Cure-The Montyon Prize.

(From the Medical Times and Gazette.)

An interesting document has just been published in the Journal of Public Instruction at Paris. A poor governess, named Cleret, has discovered a supposed cure for the deaf and dumb. A commission, appointed to inquire into the matter, has reported rather favorably to the Minister of Instruction. The method employed by Mademoiselle Cleret consists in introducing sulphuric æther into the aural conduit, in doses of four to eight drops a day, for about twenty days, when the application is suspended for a short time and again recommenced. The report declares the subject to deserve attention, and that the experiments made have clearly proved the innocuous character of the application. Mdlle. Cleret discovered the supposed remedy by accident. She had been deaf for several years, and chanced to find a leaf from an old geographical work, in which it was stated that the native of a certain country made use of various substances to cure deafness. She then commenced operating upon herself; but having no chemical knowledge, she suffered much pain and disappointment before she hit upon the substance in question. A painful interest is thrown around the matter by the fact that the unexpected good fortune produced by the reception of the discovery—which was rewarded by the French Academy with the Montyon Prize-has unhinged the intellect of the poor governess, who is now under treatment in an asylum. Twenty-nine deaf and dumb children have been treated after the method indicated, and all have improved, though not in equal degree; and some adults have also derived considerable benefit.

LEMON-JUICE IN RHEUMATISM.—This remedy has lately been extensively employed, and with considerable success, by the celebrated pathologist, Lebert, formerly professor at In the Clinical Report just published, lemon-juice is stated to have been given with excellent results, especially in cases where several joints were affected. Patients improved towards the third and fourth day; they were much relieved on the sixth day; and, save a few cases where relapses took place, convalescence was fully established towards the tenth or twelfth day. M. Lebert thinks lemon-juice, the use of which was introduced by English and American physicians, of great efficacy in rheumatism; he begins with four ounces a day and gradually rises to eight, given by tea-spoonsful. Citric acid was also tried. but did not answer so well, and did not agree with the patients.—London Lancet.

NEURALGIC DYSMENORRHŒA.—All pathologists admit a neuralgic division: that is, all admit that dysmenorrhœa may occur in patients who are subject to neuralgic affections, and in whom pains disappear from the other organs and parts of the body at the time of menstruation, only to become concentrated, as it were, in the region of the womb. Such patients complain habitually of aches and pains in the face, the head, the mammæ, the intercostal spaces, or elsewhere, and these pains all become aggravated for a day or two before the appearance of the catamenia. Then acute and constant pain begins to be developed in the uterus, and as the menstrual flow sets in, the pains in other parts of the body become quite relieved. In such cases, the uterine neuralgia persists during the whole menstrual periodremitting, perhaps for a time, but never altogether intermitting.

[Braithwaith's Retrospect, from which the above is quoted, does not give Dr. Simpson's treatment. That which would naturally suggest itself, however, under such circumstances would be quinine and opium in considerable doses, or in quantities sufficient to overcome the pain.]

Scrofulous Disease of the Spine;—Communicating Abscesses—Death—Autopsy.

[From the Medical and Surgical Reporter.]

Wm. L., twenty-five years of age, born in Scotland, shoemaker by occupation, entered the Philadelphia Hospital, April 17, 1860. While in health he weighed about one hundred and fifty pounds. Of late he had lost flesh considerably. His complexion was pale and scrofulous, eyes very clear and blue, hair light.

On his admission, he complained of no pain, except in the lumbar region on the right side, extending through the bowels. Nausea and continuous efforts to vomit were present.

From his own account, and that given by his friends, it appeared that some weeks previous to his admission he had suffered from intermittent fever, for which he had been treated. He had also complained of pain in the abdomen, above the right kidney, and in the neighborhood of the liver. No hereditary predisposition in the family. Four years ago he had had a cough; but none of the last two years, except when taking slight colds during winter. During the last fourteen months he had been a hard drinker.

Supporting treatment was employed, with morphia and blisters. He gradually sank and died May 14, 1860.

Autopsy 36 hours after death, general emaciation; brain not examined.

On opening the chest, the pleura of both sides was found thickened; both lungs bound down by adhesions, those of the right side being of recent formation, as shown by masses of whitish grey lymph upon the right pleura. A lymphopurulent, greenish looking mass was discovered between the 4th and 6th ribs. On further examination an abscess was found, the walls of which extended from the cartilages of the sternum to the vertebral column, from the 4th to 9th rib, and a communication existed with another abscess around the head of the 6th rib, communicating with the periosteum of the left side of the spinal column. The ver-

tebral column in this neighborhood was found diseased four or five inches. The head of the sixth rib and the corresponding vertebra, with its transverse processes, were softened. This latter abscess communicated with the base of the lung on that side, and the pus found its way into one of the bronchial tubes. The bronchial glands were enlarged. The right lung was softened and highly cedematous. The left lung was congested, particularly posteriorly, and the upper lobe highly cedematous. Both lungs seemed to be the seats, more or less, of small metastatic abscesses.

The liver was enlarged, and somewhat fatty. The spleen enlarged to double its natural size, and its structure soft and pulpy. Left kidney enlarged and somewhat vascular; right kidney normal in size and structure, with the exception of incipient fatty degeneration.

Death in the Nursery.

[From the Ohio Medical Journal.]

Very dangerous presents are often made to children. is the peculiar happiness of juveniles to test, in many homely ways, the strength, flavor, and combustibility of whatever toys are placed in their hands. The tendency to apply the tongue to all painted toys affords a temptation which only the strongest minded children can resist; and licking the face of a favorite doll, or the surface ol a painted ball, appears to afford pleasure which few can forego. Remembering these infantile idiosyncrasies, kind mammas, and generous uncles, should endeavor to ascertain that such colored toys as they give are not painted in mineral colors. Very serious accidents-if we mistake not, deaths-have occurred from licking the ærial bladders which were recently so popular in the nursery. Many of them were painted with arsenical pigments. A sad accident, which has just occurred at Lyons, points to another favorite toy as a possible source of the most serious misadventure. The concierge of the theatre there had presented a box of paints, as a new year's gift to his son, a boy about ten years of age.

The little fellow was highly delighted with his new acquisition, and passed the whole evening in coloring a large portrait of Garibaldi. Most probably he wetted his pencil or his paints with his tongue; for, in the middle of the night he was attacked with a violent colic, and died in a few hours, evidently from poison. In the same way the drastic purgative properties of gamboge are not uncommonly developed to a very unpleasant extent. The unfortunate event above described affords an important caution, which will not, we hope, be lost.—Lancet.

Cicatrix-like Streaks on the Skin of Pregnant Women.

[From the Boston Medical Journal.]

Opinions as to the time of appearance, frequency, and other peculiarties, and medico-legal importance of these streaks, are so unsettled and conflicting, that we gladly hail the excellent review of the subject by Crede, of Berlin, one of the editors of the "Monatsschrift fur Geburtskunde und Frauenkrankheiten." We have prepared for our readers the following propositions which he has established (Monatschr., &c., Nov., 1859, p. 323 et seq.):

- 1. The streaks on the abdomen more or less extensively exist in the great majority of pregnant females. They appear but very seldom, however, during the first half of pregnancy—frequently not until the last month, or the last but one.
- 2. Soon after delivery they change in appearance, becoming gradually less evident, unless the skin is made tense, but never entirely disappear.
- 3. In some cases they do not appear during pregnancy, and sometimes no trace of them can be found after repeated pregnancies.
- 4. Sometimes they appear for the first time at the second or third pregnancy, or else new streaks are added to the old.
- 5. They make their appearance also, without the existence of pregnancy, in consequence of diseases producing a

rapid and considerable extension of the skin (especially in dropsy); therefore,

6. The quite similar streaks on the breasts, and the anterior surface of the thighs occasionally, also on other parts of the body, as the buttocks; calves of the legs, &c., merit the same attention as those on the abdomen.

Case of Extensive Injury to the Brain.

[From the San Francisco Medical Press.]

In 1850, a boy about ten years of age was riding a horse engaged in plowing; the animal took fright and ran off, the boy fell backwards, and the plow-iron entered his head a little above the eyebrow, tearing out a furrow across the temporal bone, and part of the parietal, fully half an inch in diameter and six inches in length. I found him comatose, with about two spoonsful of brain on the pillow, and more protruding; I cut off the protruding substance, and removed some spiculæ of bone which penetrated inwards. I drew the divided edges of the scalp together with sutures, so as to cover as nearly as possible the wound, and dressed it with adhesive plaster. The next day I found a large fungus protruding from the brain, an inch in height, and occupying the entire length of the orifice, having forced off the plaster; it resembled the raw substance of a lobster's This I clipped off close to the brain, and then applied caustic. This operation I had to perform three successive mornings, after which the wound began to heal. I had recourse to venesection and saline cathartics on alternate days, and applied a lotion of vinegar and water. boy was still unable to speak, and on the twelfth day became insensible. I found a long depression of the frontal bone, and a part of the parietal bone, above the old wound, covered with a tumor; this I laid open, upon which it discharged about six ounces of pus; I washed it with port wine, and applied the usual dressings, and the boy recovered in about five weeks. He has since grown to be a youth of six feet in height, learned fast at school, and become an intelligent young man. I advised him to guard against the use of spirituous liquors, passions, or mental anxiety. He has enjoyed good health until lately, when he unguardedly drank two or three glasses of brandy, and on his way home fell in an apoplectic fit, and lay in the field a considerable time. He has, by assiduous care, slowly recovered. I would like to know if the parenchyma of the brain was reproduced, or if reproduced, what was the cause of the apoplexy on drinking spirituous liquors now, after the expiration of nearly ten years.

Infallible Physic-

"There is always," observed an author two centuries ago, "some one arch quackery that carries the bell in England. If it is not tar water, it is something else." It is calculated that at least half a million of pounds sterling is expended annually by the English public on advertised drugs and nostrums. Upwards of forty thousand pounds are paid annually to the revenue for stamps on quack medicines. One patent medicine-vender, it is affirmed, spends no less a sum than twenty thousand pounds yearly in advertising his drugs.

One of the most notable impostors on public credulity, was St. John Long, a painter from Cork, who took up doctoring on his own authority. He settled in London, took a fine house, and enunciated a mystic doctrine about morbific matter. All his remedies were applied externally, kept strictly secret, and vaunted as the great discovery of the age. He soon got abundance of patients, and it is said gained one hundred thousand pounds out of the pockets of the credulous public in London. Yet Dr. Sleigh, the eminent physician to whom Long was induced to apply for instruction, after his first trial for manslaughter, asserted that, even for a layman and unprofessional man, he found him utterly and strangely ignorant on every thing whatever, however elementary, relating to the structure, functions, and diseases of the body. Nevertheless, at his two trials,

numerous witnesses, among whom were noblemen, clergymen, and generals, stood forward to swear to his great medical knowledge. One of these witnesses (Lord Ingestre), swore that he saw St. John Long draw several pounds of liquid-like mercury from a patient's brain.

In the early part of the present century, a person called Perkins, sold in great numbers, and at exorbitant prices, two small tapering pieces of metal called Tractors, which were stated to be perfectly efficacious in the removal of "acute and chronic rheumatism, gout, sprains, erysipelas, epileptic fits, pleurisy," and numerous other ailments, and they were further alleged to be equally successful in all analogous diseases of horses or other animals. pieces of metal were made of zinc and copper, which would cost at the most but a few pence, yet they were sold in great numbers at six guineas a set, and persons of high repute and station bore testimony to the truth of this "safe, speedy, and effectual method of cure." In a pamphlet on the influence of the tractors, Perkins stated that "he had crossed the Atlantic and become a resident in London, that he might devote his time and attention to the diffusion of this important discovery, and its application to the miseries of mankind." He alleged that among his testimonials were vouchers from "eight professors in four universities in the various branches, as follows: three of natural philosophy, four of medicine, one of natural history; to these may be added nineteen physicians, seventeen surgeons, and twenty clergymen, of whom ten are doctors of divinity, and many others of equal respectability." Very soon, however, Dr. Haygarth and Mr. Smith in this country, and Schumacker in Germany, showed that they could produce equally marvelous effects with "false tractors" made of wax and wood, provided only that the patients did not know the deceit practised upon them, and had entire confidence in the method of cure employed. The paralytic were made to walk, rheumatic pains were put to flight, and, during the operation of pointing the false tractors to the part of the body affected, the pulse was visibly influenced. In one

case they produced an increase of pain instead of relieving it, and the patient declared that after their use for four minutes, he was in more pain than when the surgeon took five pieces of bone from his leg, after a compound fracture in Wales, and his pulse was raised to one hundred and twenty beats a minute.

Contemporaneous with Perkins were the doctors, Brodun and Solomon. The former was footman to Dr. Bossy, a learned physician of those days, and having obtained some knowledge of medical terms, resolved to turn doctor himself. He brought out a "Nervous Cordial," and Botanical Syrup, which were announced to be grand restoratives of nature, and he secured patents for them. He published, also, a Guide to Old Age, with a portrait of the author, and puffed it so judiciously that, according to his own account, it went through fifty editions. After traveling about England, he at length determined to settle in the metropolis, "the Paradise of quacks," and, after a run of success, attempted to get himself an officer of volunteers, but eventually failed. Famous Dr. Solomon, in his youthful days, gained a livelihood by hawking black-ball in Newcastle. Regarding this employment as too menial, he turned his attention to cleansing ladies' faces from spots and freckles, by an "abstringent lotion." Afterwards he attempted to establish a newspaper in Liverpool, but not succeeding, tried to sell it, unestablished as it was. His great exploit was the fabrication of the Cordial Balm of Gilead, and the publication with it of a Guide to Health. In his Guide he informs the public, "that the most learned physicians have been unable to discover in the Cordial Balm of Gilead, the least particle of mercury, antimony, iron, or any other mineral except gold (pure virgin gold), and the Balm of Mecca." A portrait adorns this valuable medical work, and an engraving of the great man's house, with a scale of measurement.

The Balm of Gilead had a large sale, and seems to have been a pleasant beverage. On one occasion a tradesman at Everton, near Liverpool, discovered, to his great regret, 3.74

that his wife, though formerly modest and temperate, had suddenly become a dram-drinker. Enraged at her depravity, he interrogated her so sternly, that she confessed she had been allured to the pernicious habit by sipping the Balm of Gilead and other nostrums. She then produced the empty bottles which had contained these intoxicating cordials, and told her husband that three of her female neighbors had also been deluded into the same habit. The tradesman thereupon concerted a plan with the other injured husbands to chastise the doctor. They decoyed him to Everton, on the pretense of attending a patient, and meeting him on the way, disguised as devils, with cow-hide and horns, dragged him into a field, and compelled him to swallow a whole bottle of his own nostrum. The doctor invoked Moses and all the prophets to deliver him from the demons; but they proceeded to toss him in a blanket, all the while filling the air with hisses and execrations. At length, permitted to return home, he was so convinced of the supernatural character of the punishment inflicted upon him for his impositions, that he advertised his premises to be let or sold.

On one occasion the British Parliament, carried away by the public enthusiasm for a secret remedy called Stephen's Specific, which was believed to be infallible in cases of gravel and stone, voted five thousand pounds for its purchase. The composition of Mrs. Stephen's remedy was thereafter officially published in the London Gazette, but the mixture of ingredients was so unexpectedly absurd that the publication was fatal to its reputation. "It consisted of egg-shells and snail-shells, with the snails in them, all calcined, ash-keys, hips and haws, swine-cress, and various other vegetables, all burned to a cinder, with camomile flowers, fennel, and some other vegetables—these last not being burned in the same manner." Dr. Hartley, the metaphysician, nevertheless, published an octavo volume in favor of Mrs. Stephen's specific, adducing one hundred and fifty cases in proof of its efficiency, his own being among the number. Dr. Hartley, however, died of the disease for

which he believed Mrs. Stephen's specific to be an infallible remedy, and of which he believed himself to be cured.

However much we may be disposed to smile at the simplicity of our ancestors in giving credence to the vendors of secret remedies, it must not be forgotten that a whole host of them flourish in our own day, and draw annually large sums from the pockets of the public. They seem naturally to divide themselves into two classes: one offering to the world an universal panacea for all diseases and all cases of disease; the other professing a speciality, or confining themselves to the treatment of special diseases.

Lady Mary Wortley Montagu remarked that the English are, more than any other nation, infatuated by the prospect of universal medicine, and after noticing the constant succession of cures applicable for all cases and circumstances, she says, in 1748: "I find that tar-water has succeeded to Ward's drops, and it is possible that some other form of quackery has by this time taken place of that." Although the nineteenth century has not the advantage of the Elixir of Life, or Bishop Berkly's tar-water, or Perkin's tractors, still old age is guaranteed to all comers, through the efficacy of certain wonderful pills. By their agency longevity shall be the privilege of all who are wise enough to invest one shilling and three-half pence from time to time. Our advertiser, with a laudable aspiration after science, enunciates a humoral pathology, specially his own; and as, according to him, all diseases originate in the blood, so the blood is only to be purified by perseverance in swallowing the Nos. 1 and 2 varieties of pills, the combined and judicious administration of which will produce immunity from all bodily ailments. Another professor discards every fanciful hypothesis. He entrenches himself behind countless cases of cure, and assuring the world that "the student of Nature knows how simple are her ways," recommends his pills and ointment as positive remedies for all external and internal complaints, asserting that by them "disease is conquered and art triumphant."

But by far the most agreeable advertisement which meets

the eye is "no more pills, or any other medicine," fifty thousand cures of all manner of diseases, "without medicine, inconvenience, or expense," and effected solely by the use of some peculiar kind of food.

Practicing Medicine Without a Diploma-

. From the St. Louis Medical and Surgical Journal.

It will be remembered, that during the last session of the Legislature of Missouri, a bill was introduced into the Senate by Mr. Rain, declaring it illegal hereafter to practice medicine in this State without a diploma from a regular medical college, or else a license from a regular board of examiners. It also provided for the appointment of a board of examiners in each county in the State, whose duty it should be to pass on the qualifications of under graduates, and grant licenses to such as are found worthy.

The penalty attached to this bill was to debar those who fail to comply with its provisions, from collecting their bills for medical services by law, in any of the courts of this State, and subjecting them to other disabilities therein mentioned.

This bill passed the Senate, and only failed to become a law from the fact that in the hurry of adjournment it was not reached by the House, owing to the confusion growing out of the squabble over the railroad question. It is therefore fair to presume that it will be taken up and enacted into a law at the approaching session of our Legislature.

We allude to this subject now, for the purpose of calling the attention of those who are practicing medicine without diplomas to it, in order that they may take timely measures to place themselves in a situation in which they will not be injuriously affected by any such legislation.

There are doubtless in the State of Missouri, as elsewhere, many worthy and intelligent practitioners, who have never taken a regular degree in any medical college; but having commenced the practice after attending a single course of lectures, have, from the force of circumstances,

neglected from year to year to complete their studies, but without any intention whatever to continue in this equivocal position, and who all the while feel and acknowledge that they are acting contrary to their own convictions of duty. Besides these, there is also a large class of individals engaged in practicing physic, who, in the judgment of the largest charity, can not be regarded as either worthy or intelligent-ignorant persons, who, without education, and without the least qualification, have undertaken to discharge the responsible duties of the physician simply because there is no law in existence prohibiting them from so doing. There is yet another large class, embracing the whole herd of quacks and irregular practitioners—from the "small pill gentry" to the root doctor—who are practising upon the credulity of the public, and habitually scattering death and destruction in their path. It is to protect the community against the ravages of these two latter classes, that Mr. Rain's bill is mainly designed; and it can not be denied, that, if faithfully carried out, it would have a most salutary We, therefore, commend this subject to the consideration of our readers in this State, with the simple remark to those respectable practitioners who are obnoxious to the provisions of the proposed law, that a word to the wise is sufficient. "

Union of Leather and Metal.—The Southern Medical and Surgical Journal quotes from a foreign source the following very effectual method for fastening leather upon metal: "The metal is washed with a hot solution of gelatine, and the leather previously steeped in a hot infusion of gall-nuts, pressed upon the surface and allowed to cool. It then adheres so firmly that it can not be separated without tearing."

EDITORIAL AND MISCELLANY.

Middle Georgia Medical College.

From the announcement of this College we learn the Faculty, in view of the necessity of a more thorough course of medical instruction, have increased the number of teachers to ten instead of eight, (the usual number,) and will teach five months instead of four, (the usual length of sessions,) a period of time too short for teachers to get through their branches, or the student's mind to digest the vast field of medical science. This College is located in a city famous for its morals, and has a larger faculty than any we know, some of whom are calculated to give high caste and position to any medical institution in our land. Its course of lectures commences the first of October.

Rush Medical College.

We have received the annual circular of the above institution from which we learn the next course of lectures will commence the first of October, and terminate the latter part of March, making the term five months. This institution had 56 graduates at the last term, and the progressive increase in the size of its classes clearly indicates the facilities it possesses for the acquisition of medical knowledge.

MEDICAL DEPARTMENT OF THE UNIVERSITY OF LOUIS-VILLE.—The announcement for the session of 1860-'61, and the annual catalogue of this institution have been received.

The announcement of the St. Louis Medical College has also been received, from which we learn that both these institutions are in a highly prosperous and much to be envied condition.

Dr. Holmes' Address.

We have received a copy of an address by Oliver Wendell Holmes, M. D., delivered before the Massachusetts Medical Society, at its last annual meeting, held May 30, 1860—subject, "Currents and Counter-currents in Medical Science." The Society very properly disclaims all responsibility for the sentiments contained in the address. We have read it, and although we cannot endorse his principles, yet we must acknowledge that the perusal of it afforded us some amusement; and we hope that when Dr. Holmes gets sick he will be placed in the hands of a Hahnemann himself, and obtain the services of Florence Nightingale or good Rebecca Trylor to nurse him, who will dose him with warm teas until his coffin is ready.

TREATMENT OF OBSTINATE GRANCLAR OPTHALMIA BY THE LOCAL APPLICATION OF A SOLUTION OF CHROMIC ACID.—Dr. Hairion recommends a solution consisting of equal parts of chromic acid and distilled water, as a useful application to granular lids. It is applied by means of a camel's hair pencil, and is, he says, neither very painful nor followed by any great amount of reaction. Of fourteen cases treated by it, in eleven the result was satisfactory. The cauterizations were made at intervals of four, six, or eight days, and the time occupied in the cure was from four weeks to four months. Considerable prudence is required in the adoption of this mode of treatment, which is only recommended in obstinate cases.—Archiv. Belge de Med.

The widow of Dr. Horace Wells has issued a pamphlet to the medical profession, containing ample proofs that her husband discovered the anæsthetic influence of the inhalation of certain vapors or gases in the early autumn of 1844; and that he visited Boston and presented the discovery to the physicians and students at the lectures of Dr. John C. Warren, some two years before the discovery was patented

by Prof. Jackson and Mr. Moreton. I have taught and published substantially the same facts for six years past.—

Journal Rational Medicine.

Speaking of the same thing, the Savannah Journal of Medicine says: "By the way, Dr. Long, of Athens, in our own State, once set up a claim to the discovery of the great boon of Anæsthesia. Have these claims ever been established and recognized?"

TREATMENT OF DIABETES.—By N. W. Calhoun, M. D., of St. Charles, Mo. An article in the April number of your valuable journal, on the treatment of diabetes, suggests to my mind the propriety of communicating to you a promptly successful method of treatment which I have practiced for some years past, in the management of that disease, particularly as it presents itself in old subjects. Forbidding the use of fluids except in small quantities and enjoining the use of solid food, and the observance of quietude. I direct the following powder to be taken three times a day, viz:

Pul. Doveri, grs. v.; Acetas plumbi, grs. iij.; Sulph. quin., grs. ij.

If necessary the bowels are to be kept gently open with ol. ricini. I have never found it necessary to continue the above treatment more than four or five days.—American Journal Medical Sciences.

PERCHLORIDE OF IRON IN IN-GROWING NAIL.—After fermentation Dr. Alcontava interposes beneath the nail a small piece of lint upon which some ointment of perchloride of iron has been spread. All the surface of the excrescence deprived of its epidermis is covered over with this and the dressing is renewed twice a day. At the end of four days the excrescence becomes dry and mummified and is easily detached. The wound then assumes a healing aspect and the case is completed at the end of a week.—Union Med.

Diplomated Physicians in Georgia-

We will feel indebted to our readers in the various portions of the State in which they reside, if they will procure for us, and get their friends to aid them in other counties. correct lists of the names of all the Diplomated physicians in their respective counties, with the names of the institutions from which they hold Diplomas, together with the date of graduation of each. We will thank the physicians of this county to furnish us with the above information as early as they can do so, as we would like to arrange their names alphabetically, and to publish those from this county, in the first number of the 3d vol., which will commence with our next issue. We wish the above information for a two-fold object; first that we may be able to establish a reliable basis upon which the average mortality of the physicians of our State, and the several counties may be certainly calculated in the future; and also, to ascertain who are graduates of Southern and Northern medical colleges, and in this way obtain valuable statistics for future use.

There are, doubtless, some respectable practitioners in this State, who have never graduated at all. We would like to obtain the names of such persons, and the periods at which they were licensed, or began the practice of medicine. We would like to have the States and counties, of which our brethren are natives, mentioned in connexion with the foregoing requests.—Oglethorpe Medical and Surgical Journal.

As yet we have not seen anything further upon the subject in their pages; but the idea is a good one, and if practicable—which in our opinion it certainly is—it should be carried out. A list of the names of all physicians in Georgia, the numbers in each county, when and where they graduated, or when licensed, would be quite interesting to every member of the medical profession.

CHANGES OF THE BLOOD-CELLS IN THE SPLEEN.—The opinions of Physiologists as to the functions of the spleen

have been various. Some, as Funke, Hewson Bennet, &c., believe it to be a generator of blood-cells, while Kolliker and others maintain that it is a destroyer of them. Dr. Henry Droper relates some microscopic investigations made by him on the blood of frogs taken from the splenic artery and splenic vein, and he found the latter contain at least double the general average of imperfect cells; whence he infers that "the spleen must be an organ for the disintegration of blood-cells."

THE VACCINATION OF INDIANS.—We learn from the National Intelligencer that one of the Senate's amendments to the Indian Appropriation bill provides, to a limited extent, for the continuation of vaccination among the Indians, recently suspended in consequence of the appropriation having run out. This horrible disease has carried off thousands of the "red men of the forest." By reference to the reports of the office of Indian Affairs for the year 1837–8, we learn that the small-pox swept away whole tribes of these unfortunate people, and that of the Sioux alone 17,200 died of the disease. More recently, in the year 1853, nearly 12,000 of the confederated bands of the Sioux and Omahas died with the same terrible malady. In 1857, four hundred of the Pawnees died from its effects.

Dr. S. D. Gross has been elected President of the Philadelphia Hospital. Dr. Daniel Ayres, one of the Surgeons of the Long Island College Hospital of Brooklyn, has been elected corresponding member of the Obstetrical Society of Berlin. A second medical school has been chartered in Brooklyn, N. Y. Diphtheria is prevailing in Homer, Cortland Co., N. Y.

MIDDLE GEORGIA MEDICAL COLLEGE.

THE first course of Lectures in this Institution will commence on the first Wednesday in October next, and continue five months.

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Professor of Auscultation and Percussion, and Diseases of the Skin.

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Professor of the Diseases of Women and Children.

J. H. CONNALLY, M. D.,

Demonstrator of Anatomy.

S. H. SAUNDERS, Dean.

FEES.—Matriculation Fee, \$5,00; Professor's Tickets, (each) \$12,00; Dissecting Ticket, \$10,90; Diploma Fee, \$25,00.

July 1, 1860.

GEORGIA

Medical and Surfical Encyclopedia.

This Journal will be issued on the first of every month, and will contain forty-eight octavo pages of original and well-selected matter. It will be our aim and object, to the extent of our ability, to elevate the standing and dignity of the Medical Profession.

Questions connected with Medicine, or its sister Sciences, will be at all times welcome. Original essays and communications from members of the profession are respectfully solicited.

Trusting that our pages may, however, occasionally be perused by other than medical men, we shall, as far as practicable, avoid introducing such topics as might offend the modesty of our readers, although they might otherwise be a legitimate subject of medical communication.

We can only further say, that, so far as we are individually concerned, we shall endeavor to fulfill the promises thus made; and shall hope for a candid reception of an attempt to be useful. The aid and influence of the Press, together with the cordial support of Southern brethren, is respectfully asked; and should the plan on which we propose to conduct our Journal be approved, we cannot doubt an encouragement proportionate to its utility, and to the merit with which it may be sustained.

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GEORGIA Medical and Surgical ENCYCLOPEDIA.

EDITED BY
HORATIO N. HOLLIFIELD, M. D.,

AND
TOM W. NEWSOME, M. D.



Lege totum, si vis scire totum.

VOL. I.

SEPTEMBER, 1860.

NO. 5.

SANDERSVILLE, GEORGIA:
PRINTED BY J. M. G. MEDLOCK, MASONIC HALL BUILDING.
1860.

PUBLISHED MONTHLY.

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GEORGIA

Medical and Surgical Encyclopedia.

VOL. I.]

SEPTEMBER, 1860.

[NO. 5.

ORIGINAL COMMUNICATIONS.

"Errors in Diagnosis"

BY E. SHACKELFORD, M. D., CAVE CITY, KENTUCKY.

Gentlemen:—In the Encyclopedia for July, I noticed a communication from Dr. E. B. Hook, upon "Errors in Diagnosis—with cases," &c. It brought to my mind cases in my own practice so forcibly and vividly that I cannot retrain from offering you a communication, hoping and believing, as I do, it will be an advantage to the profession and community at large. How important is it in all our dealings with the sick man, that we should know his disease. It is the lever that elevates and dignifies the profession; it is the fulcrum upon which turns our success; it is the harbinger of contentment to the conscientious and upright physician; and last, and above all other considerations, it is the sick man's shield and protection.

In 1854, the flux dysentery, or coletis, as it was termed, prevailed as an epidemic in southern Kentucky. The old, the middle-aged and the young, fell alike victims to its ravages. I encountered it in my practice, and resorted to the regular routine of remedies then in use: sulphate magnesia, hydrargyrum, oleum terebinthi, oleum ricini, rhei, &c., &c.; in fact, the catalogue of remedies was exhausted, and to no purpose. I consulted the oldest physicians with a like fill success. I concluded that there must be something behind the throne greater than the throne itself. I simply reflected

1

it over in my mind, Is the disease really coletis, dysentery, or what, in fact, is it? I had charge of the case of Mr. David Seatts, of Madisonville. I was called to him the fifth day He had got butlittle rest or sleep, so intense of his illness. were his sufferings. The tenesmus and formina were so urgent that they called him up upon an average of every fifteen minutes, with a discharge of blood and mucus from his bowels. I visited him again, determined to spend six or eight hours with him, to see if I could discover anything in his case that I had not already noticed. Knowing how nice and delicate the shades are between inflammation and congestion, I set about a new analysis of his case, and from a consideration of the effects of all the agents that I had used, and their entire failure as you may say, I was forced to the conclusion that the disease in question was not inflammation, but congestion of the abdominal viscera generally. In accordance with this conviction, I immediately prescribed x. grs. sulphate quinia, (for which the patient had a great aversion), and drew near his bed to watch the effect. So perfectly satisfactory was its action, that in two hours I repeated the dose; and I say to you, in all candor, that this patient, after having suffered intense agony for five days, was convalescent in twenty-four hours, after having used about forty grains sulph. quinia in that time. an occasional suppository pill of opium, one ounce sweet spirits of nitre every two hours to regulate the venal secretion-which was very scanty and highly colored-and now and then a dose of ten grains of blue mass, I effected a cure in his case. If this were an isolated case, I would not feel justified in asking it a place in your journal; but I treated a number of cases of it in a large practice of the epidemicwhich lasted about four months—with the most perfect suc-My usual mode was, and is yet, when called to an adult case, to prescribe fifteen grains quinia immediately, with ten grains blue mass, and sweet spirits nitre every two hours in dram doses, with a suppository pill of opium containing two grains, to be used until retained. You may use two of these, and, if necessary, three. The sulphate

quinia I repeat in eight hours, so as to use forty-five grains in twenty four hours. Under this treatment be assured the disease vanishes like a mist before the morning sun. I do not pretend to contend that this congestive stage, if lot alone, would not pass into inflammation; but I am satisfied if it does it is after the physician has let the proper time to give it the right treatment pass, and hence, the all-important thing, in the language of Dr. Hook, is a correct diagnosis of your patient's disease. Otherwise, you are like a ship upon the ocean without a helm. It is the foundation, it is the basis, the lasting guardian of the exalted science. Do not be afraid of the dose of quinia; there is no danger in it; small doses do not answer. I treat children upon the same principle, governed, of course, by the age, constitution, &c., &c.

This is a hasty sketch of my experience, views and treatment of this formidable disease. I present it to you with the best of motives, with the belief that it will be an advantage to the profession and suffering humanity, whenever this dreadful malady may take them. This is the only successful mode of treating this disease that I have known of in this portion of Kentucky. I am satisfied in my own judgment that whoever adopts it will concur with us that it is the treatment.

Cave City, Ky., August 6, 1860.

Indigestion.

BY TON W. NEWSOME, M. D., SANDERSVILLE, GA.

Indigestion, a term synonymous with dyspepsia, and though a disease proper in itself, embraces a greater variety of forms than any other one known disease, many of which baffle the skill of our most scientific physicians

Digestion, performed in its natural way, is more complex than the steam locomotive that flies along the iron rail annihilating time and space at the rate of forty miles per hour. Indeed, its functions might with some propriety be compared to such a machine, dependent upon harmonious 196

action of all its parts—each piece mutually dependent upon the perfect action of the whole or another.

The processes or divisions of digestion are Prehension, Mastication, Deglutition, Chymification, Action of small Intestines, and Defecation. In each of these processes are concerned many organs, each having its own separate functions to perform, and are liable to be disturbed by many causes, the derangement of one of them probably arresting the whole operation. Hence, to cure indigestion, it is absolutely essential to know the cause as well as seat of disease, as each variety of form demands its own peculiar method of treatment. And here it may not be out of place to observe, that it is an error into which too many of us fall, to treat derangements of this kind in a routine way. we have heard physicians of standing insist that there was To meet success in the treatbut one cause for dyspepsia ment of this disease, the doctor must combat it with remedies to correspond not only with its peculiarities and forms. but with its different stages, and have a close eye to its causes.

An enumeration of the varieties of dyspepsia will show the origin or seat of the disease; and for the outline and plan of classification we are indebted to T. J. Todd, a man who has contributed much valuable information, and a great deal of it through the medium of the "Encyclopedia of Practical Medicine." The classification is as follows:

- I. GASTRIC. a Atonic; b Inflammatory; c Irritable; d Follicular.
- II. DUODENA. a Atonic; b Inflammatory—1 Strumous; c Follicular.
- III. Colonic. a Atonic; b Inflammatory; c Irritable; d Follicular.

That each of these varieties demands separate and distinct treatment to effect cure cannot be doubted or denied; but to enter into a detail of the symptoms and pathology of each of which would require more time and space than we are at present allotted. We must content ourselves, therefore, by briefly noticing the symptoms and treatment of the

first-named variety, with which we meet the most frequently in our practice.

The class we allude to is Gastric, and may be known by the patient's having no appetite, but considerable nausea and vomiting, thirst, acidity, and fullness of the stomach. These symptoms of course depend very greatly upon the condition of the stomach, whether in acute form of the disease, or otherwise. And here we will remark, that the dyspeptic addicted to the use of tobacco or alcoholic stimulants, would do well to abandon the practice, as their cases are invariably stubborn and unvielding to remedial agents. Frequently, the mere relinquishment of such practice is a certain cure. And under this head we might observe, that bodily exercise and mental recreation are looked entirely over in the treatment of this disease. In many cases, the patient will find speedy relief by correcting these two last named causes, while we must admit, in other forms or stages, repose of mind and body is absolutely essential.

Without noticing the many causes, we will proceed to the treatment. And first, in the atonic form when the disease is present—for there are distinct attacks or paroxysms—the first object to be accomplished is to relieve the stomach by emetics. Frequently, in the beginning of this form of disease, a simple emetic will effect a perfect cure.

After baving relieved the stomach, water, as a consequence, will be demanded, which may be taken in small quantities, with a little light food of easy digestion. In case an emetic should prove unavailing, purgatives must be resorted to, but neither drastic or very stimulating. Aside from the general treatment, there are organs which sympathise and exercise more or less influence upon the primary disease—which, if overlooked, the result is frequently disastrous. But to prove that this disease has as many remedies as causes has been our object in this article. At another time, however, we expect to resume the subject, when we will give the stages, and appropriate remedies for each.

SELECTIONS.

[From the Atlanta Medical and Surgical Journal.]

Thesis, on the Signs of Programmey,

Presented to the Faculty of the Atlanta Medical College. By J. Junius Newsome, of Sandersville, Georgia, 1855. (Published by the Faculty.)

Immediately after effective coition of the male with the female, a series of changes ensue, which are of paramount importance to the physician; from the fact that his opinion may decide the face of the female in a court of justice, where her most important interests are intrusted to the laws of the country.

Aside from a medico-legal point of view, he is often consulted relative to deformities, and diseases which prevent natural labor, or parturition; and should be fail to impart the necessary information, the most disastrous consequences might accrue. His decision may redeem the character of the innocent and virtuous; restore peace, happiness, and reputation to the family circle; and may cause a fond mother's tears of anguish to disappear, and brighten up with joy the gloomy face of an aged father, whose agonies would have soon carried his "gray hairs down to the grave with sorrow." Then, let it be the earnest endeavor of every physician to acquaint himself with rational indications, resulting from fruitful sexual intercourse; for an error committed under the circumstances, might not only affix a lasting stigma upon his own reputation, both professionally and morally, but to that of the chaste and "angelic woman,"

On whose fair face wild emotions play,
Lights and shades in sweet confusion blend—
Shall they depart like closing boars of day,
And dark disgrace on her soul descend !

Inexperienced, as we are, in the science of obstetries, we are not expected to present any "signs," save those designated by our illustrious predecessors, whose abilities, in

many respects, render them well worthy of example. Yet it is to be ardently regretted that the "sons of science," in classifying the signs of pregnancy, have fallen into such a discrepancy of opinion. Such, however, is the fact; searcely any two coincide; and this contrariety of opinion, or statement, is no small obstruction in the path of the uninitiated. Therefore, in a consideration of the signs of pregnancy, we shall only allude, briefly, to those indications which we conceive to be of most frequent occurrence, and most reliable, consistently with the functions of the organs implicated.

Subsequent to impregnation, there are changes peculiarly characteristic of its existence. The blood is said to be changed in quality and quantity. The fibrin is increased, while the action of the pulse is somewhat augmented. Sympathies are excited in remote as well as contiguous organs, and the nervous system may be affected both directly and indirectly; giving rise to that irritability of mind which so frequently calls into requisition "the woman's weapon of defence." About this period, not unfrequently, the skin undergoes a change in color, especially in women of the lucophlegmatic temperament, in whom it usually becomes sallow in spots, whose dimensions vary considerably. witnessed a case of the kind a year or two since, in which these discolorations were quite perceptible to the most cas-These changes are not usually considered ual observer. among the reputed or diagnostic signs of Pregnancy.

We now proceed to notice some of the special signs commonly particularized by Obstetricians. These we propose considering under two distinct heads, namely: Non-reliable, and Reliable. The former including, 1st, Cessation of Menstruation; 2d, Morning sickness; 3d, Mammary sympathies; 4th, Abdominal enlargement; 5th, Quickening; 6th, Uterine murmur. And the latter, 1st, Ballottment; 2d, Palpitation of the feetal heart, which is the most reliable sign enumerated.

There are many other signs laid down by authors, which we consider of minor import, and in fact, only calculated

to confuse the junior practitioner in arriving at a definite conclusion. Therefore, we deem their omission beneficial, so far as practicability is concerned; and shall rest satisfied if we can but only do partial justice to the signs previously designated.

Cessation of Menstruation.—The non-appearance of the catamenia at the proper period generally leads the female to suppose that impregnation has occurred, and more especially when she has enjoyed periodical recursions.

Perchance this might be estimated as one of the most unvarying, as it is one of the first, results of conception. Emphatically, however, the cessation of the catamenial discharge is not decisive, for numerous cases are recorded, by high authority, where the menses recurred at the regular intervals during the period of utero gestation; and indeed, it is said by eminent physiologists, that it requires the unnatural stimulus of impregnation to induce the menstrual discharge in that class of women called viragoes. "If thus," says Dr. Churchill, "menstruation may be suppressed on the one hand, and continued on the other, notwithstanding Pregnancy, it is no proof of conception." But, when taken in connection or combination with other signs, its validity is scarcely surpassed by any other in the category.

Time and space will not allow us to advert to the diseases and causes likely to produce cessation of the menses. Therefore, we hasten on to a consideration of the second indication under our division of non-reliable, though probable symptoms.

"Morning Sickness."—The nausea and vomiting attendant about the fifth or sixth week, is confirmatory of the nervous sympathy existing between the uterus and stomach, and in connection with cessation of menstruation, is generally considered proof of conception. But when existing alone, "it is certainly a non-reliable sign." The attacks of nausea and vomiting are said to occur soon after rising from a night's repose, and cease within about ten or twenty minutes; and it is from this fact alone that obstetricians and women

denominate it the "morning sickness." Almost innumerable instances are on record, where the nausea and vomiting endured for a much longer period than stated above, and indeed the vomiting may become so excessive as to jeopardize the life of the patient. About the expiration of the third month after conception, it gradually disappears, though it has in some cases accompanied the entire period of gesta-Authors have had considerable contest as to its value in diagnosticating the existence of Pregnancy. Being yet a mere novice in the great science of Physiology, we cannot advance a theory explanatory of all the various changes incident to impregnation. However, we are quite confident that disease and its concomitants may be effectual in producing a train of symptoms analogous to those previously alluded to, and in cases where it is utterly impossible for even copulation to have taken place. Dr. Rambotham seems to place a great estimate on vomiting, in forming a diagnosis. He remarks, "when vomiting is entirely absent, utero-gestation does not proceed with its usual regularity and activity." Dr. Churchill endorses his statement, and is of opinion that "deviations in other signs" will occur when vomiting is absent. Huston, on the contrary, denies these statements, and says: "I have known women who proceeded regularly through their Pregnancy without experiencing the least degree of sickness." Here we have high authority in direct opposition, and we must pause to determine which is correct—doubtless each one is, according to his observation and experience.

Mammary Sympathies.—Here, again, we observe the connection existing between remote organs—the uterus, and the mammary glands. This change in the mamma engaged the attention of anatomists and physiologists for a series of years; and it was not until after the dissections of the "immortal Lee," that these whimsical speculations were entirely abandoned.

The alteration in these glands is said to be perceptible about the eighth week after conception. The female experiences a variety of peculiar sensations in the organs,

which, as a matter of course, are difficult to describe. Authors say they are sensations of palpitation, formication and tingling. We know not the accuracy of such a description: having never consulted a female with regard to these sensations. However, we know there is determination of blood to these organs, producing hardness and distension. The areola, formerly of a pinkish hue, changes its color, and the breast gradually enlarges in proportion to the advancement of pregnancy. The complexion of the individual will modify the color of the areola. Its circle varies in diameter from three-fourths of an inch to one inch, and deepens in color as the period for delivery approaches. The follicles of Morgagni secrete sufficiently to moisten the Milk may be formed at quite an early stage, female's linen. and is generally considered as very good evidence of the existence of pregnancy, but is not conclusive by any means.

The enlargement of the breast, the color of the arcola, and the secretion of milk, when taken as symptoms of pregnancy, must be non-reliable; for menstruation in some females, and menostation in others, will produce these identical changes; and to prove the fallacy of the secretion of milk, we have but to refer to Dunglison's Physiology, where some remarkable cases are cited. Churchill, in reference to this subject, says: "No single sign can be relied on in diagnosticating early pregnancy; and it is only when two or three are present, occurring in proper sequence, that we can feel certain." We might continue our comments, but we consider it wholly unnecessary, as the preceding remarks will suffice to convey our opinion on this subject.

Abdominal Enlargement.—Conception is followed by a great change in the uterus and its appendages. There seems to be a demand for nutritious fluid; and to supply it, the uterus takes on a peculiar kind of congestion—its vessels convey a vast quantity of blood, and many which did not carry red blood before, become quite visible. The arteries, veins, nerves, and lymphatics, all participate in the change; and the exterior, or peritoneal coat of the uterus presents a flexiform appearance. The proper tissue of the

organ becomes more vascular, and according to Meckle, the parietes thicken from the first to the fourth month. The uterus commences its enlargement at the fundus, after the reception of the ovum, and the enlargement proceeds downwards, until it embraces the cervix. It is retained in the pelvis up to the fourth month; soon after, however, the fundus rises above the symphysis pubis, and gradually ascends until it reaches the ensiform cartilage, which is attained by the expiration of the eighth month. Then it descends somewhat, but still increases in magnitude.

From our foregoing remarks, it would appear that abdominal enlargement is proof positive of conception; yet we must remember the fact, that other causes, not unfrequently, give rise to enlargements of the abdomen. In several instances mentioned by authors, the female herself is of opinion that she is pregnant, when, after due investigation, she is found to be the subject of disease, and not impregnation. The uterus may be enormously distended by an accumulation of air, fluids, or even hydatids; the form of the abdomen in such cases being nearly, or quite, the same as in pregnancy. Our worthy "Professor of Obstetrics," in his lectures on Disordered Menstruation, related a very interesting case of a married lady, who had imperforate hymen. The catamenia being retained in the uterus, caused its distension, and caused an enlargement of the abdomen, and no doubt provoked symptoms indicative of conception. Therefore, in forming a diagnosis, we must weigh the facts of the case well. Physicians often confound this stage of pregnancy with abdominal dropsy, and treat it accordingly; when, after an elapse of some months, the cure is spontaneous.

Quickening.—This term is applied to the first perception of the movements of the fœtus in utero, on the part of the mother, which most usually occur about the eighteenth week after conception; though it is stated by authors, that these sensations may be experienced much earlier by some than others. Like the preceding signs, it is likely to assume many variations, and capable of causing no small

amount of embarrassment to the examiner. The sensation is described as being feeble at first, in most cases; though it may produce "morning sickness," or complete syncope, owing altogether to the temperament, constitution, and general condition of the patient. It gradually acquires force and frequency, until the motion of the different extremities are distinguishable. There seems to be no definite explanation of the movements occurring at the fourth month, and not earlier. Some attribute it to the ascent of the uterus above the symphysis, where it comes in contact with nerves of sensation. This explanation does not seem altogether satisfactory, but as it is more rational than many others advanced, we adopt it, rather as a dernier resort, than a fixed fact. Although this sign is considered by many as conclusive of conception, we maintain that it is non-reliable, from the fact that uterine tumors, flatus, and other foreign substances may not only deceive the patient herself, but the physician likewise, when he is not thoroughly acquainted with these confounding causes, and makes his examination soon after quickening occurs. These views may be directly in conflict with those of our able Professor's. If they are. we trust he will pardon us, as we have not had the opportunity of listening to him on this subject.

We have no doubt that this sign, when taken in connection with the preceding, is quite sufficient to form an accurate diagnosis; but when character is at stake, we must not rely on this alone, nor any of the signs of pregnancy, for if we do, our anticipations will often be disappointed. This circumstance leads us to the belief that we have not given it an incorrect classification among the non-reliable symptoms. I am well aware of the high authority in favor of the validity of this sign, yet, every one will admit that it is "impaired by the interval which frequently intervenes between the first sensations and their repetition." But we will not pause for contention here, as we are quite confident that our remarks are becoming voluminous.

Uterine Murmur.—This appellation has been given to a peculiar intermitting sound heard over the uterine surface.

Aimost every author makes his own comparison, and so far as we are capable of judging, we think the one made by Dr. Churchill the most appropriate, as it is sufficiently familiar to all. He compares it to the bruite de souffle of the heart. It is stated, by some writers on this subject, to be limited to the situation of the placenta, while others deny the statement, and declare that it may be heard over any part of the uterus. According to the best authority, the period when it first becomes audible is about the sixteenth week of utero-gestation. The placenta was formerly supposed to be the seat of these curious sounds. Recent investigations say that it "results from the difference between the calibre of the arteries supplying the uterus, and the uterine sinuses."

We know the blood vessels are greatly increased in size, and consequently carry a greater quantity of blood, and the confluence of an artery and sinus may produce this sound. However, the explanation is a reasonable one at least, and is recognized by high medical authority.

Its value, as a proof of pregnancy, is manifestly doubtful, since the very same sound has been heard to proceed from fibrous tumors in the uterus and ovarian hypertrophy. Therefore, we think our term, non-reliable, is admissible.

Having now finished our remarks to the best of our ability, on the first division of the signs of pregnancy, we now proceed to consider the second.

These signs are objected to by some of the fastidious of the profession, for reasons too ridiculous to mention. We contend that they are paramount signs, and all the indications of the first division combined are not equal in value to either one of the signs of the latter division.

Ballottment.—Having placed the patient in proper attitude, the examiner introduces the index finger into the vagina, and places it upon the cervix uteri, then by gently fillipping the parts above, he will feel a sensation recede, and by permitting the finger to remain motionless, he will, in a few moments, perceive the weight of a body descending on the point of his finger. By operating thus, the fœtus

is forced upward into the liquor amnii, and in obedience to the laws of gravitation, it descends. Some author remarks, that should this body be felt, it is proof positive of a fœtus in utero; for there is no condition or disease of the organ in which a body can be distinguished floating in the cavity. We feel assured that this is really the case. Doctor Dunglison observes that, "re-percussion is one of the least equivocal signs of pregnancy;" and we might say, that this is the opinion of a majority of authors. Some precautions are necessary before performing ballottment, in order to meet with success. The physician should have his patient in the upright posture, or if she be in the recumbent one, her shoulders should be raised and sustained during the examination.

With regard to the time of practicing re-percussion, authors are yet at variance. Some contend that it may be performed as early as the third month, while others say not earlier than the fifth month. Prof. Eve, of the Augusta Medical College, is of opinion that it may be practiced successfully as early as the fourth month. Having no experience on this subject, we are at a loss to say at what time it may be practiced. However, we give preference to the views of Prof. Eve in this respect.

Pulsation of the Fætal Heart.—Unlike the signs preceding, this one alone is proof positive of pregnancy; and so far as we know, no author has assumed a position to the contrary. The sounds caused by the systoles and diastoles of the fœtal heart, are peculiar to themselves, and not likely to be mistaken for uterine murmur or any sound emittedby disease. Dr. Churchill thus describes it: "It consists of a rapid succession of short, regular, double pulsations, resembling those of the adult heart, except in force and frequency." Kirke and Pagett in considering the frequency. of the heart's action, lay down that of the fœtus-in-utero at one hundred and fifty strokes in the minute, but it matters not about the number of pulsations. These, ordinarily, may be declared by the middle of the fourth month. attuation in which the foetal heart is heard most distinctly, is said to be about the middle or inferior abdominal region, more frequently on the left than the right side.

With this consideration, we close our remarks on the Signs of Pregnancy, not without a feeling of regret that our task has not been better performed. We know there are other signs mentioned by authors, but their minor importance does not demand a consideration in these already prolonged remarks. We hope our interest will call such attention to the profession, we trust to be able soon to enter, as to cause ourself to investigate thoroughly all its various branches. We hope at some future day, to contribute a production that may be of more worth, when experience will help to guide us. Till then, we will leave our pen and this all-important subject, with earnest wishes for the full success of the Institution, which we hope soon to have the honor to represent.

Déath.

[From the Louisville Monthly Medical News.]

There is much that is beautiful in the transition which we term death. Divested of such repulsive associations as the shroud, the grave, and the worm, and viewed in its true import, beauty, and power, the mind rises into sacred sublimity as it thus views the change in its true character, and contemplates the spiritual body in its new sphere, clad in the robes of blissful immortality.

The pathology of death is not the only phase in which the physician should view the subject, nor is it necessary that he should assume the garb of religion and trespass upon holy ground by making its moral bearings the theme of conversation. It is his business to retard final judgment upon his patient, not to prepare him for it. It is his duty to combat the enemy, and he is justified in resorting to every honorable stratagem to effect his object.

To this end it may be necessary to detract from his power or skill, and by a bold, defiant mien infuse confidence and hope into the terror stricken invalid, or familiarize the mind

to its contemplation by presenting it in the nude form of a peerless catholicon, or a road to joy, or a messenger from God bearing glad tidings, or a channel of communication with departed friends, or otherwise as the individual may demand, but always with a view to the effect to be transmitted and effectual for life, and never with a view to eternity or the life whose physiology it has not been his province to study. Let the livery of Heaven be worn by those entitled to it. Be it the physician's duty to guard the body, and leave the soul's safety to his patient and his patient's God.

But would you separate the Christian from the physician, and deny to him the privilege of ministering spiritual food because he is a physician? We would, as a rule, and that rule admitting of very few exceptions; because our observation has taught us to suspect the grace which combines two duties, the one of which makes capital for the other. Let the physician, by all means, be a Christian—it is his duty; but let his be the unobtrusive Christianity which goes not upon the housetop to pray, or for a show makes long prayers. His duty to himself demands this-his duty to his patient does not. We are sick of that long-facedness and low-lippedness which pretends on every Sabbath to repent of the sins of the week, and every week accumulates a fresh budget for the Sabbath. We are sick of that "form of godliness," which has a smile, and a prayer for a church. brother, and a frown and a curse, and a stab for a professional peer. We love consistency, and esteem the infidel above the hypocrite.

But to return from this digression. We all know the varying effects produced upon individual minds by a consideration of the final change which awaits our mortal body, and it would be presumption to offer any rule for action in the premises. Such, however, as are familiar with scenes enacted in the last agony, know full well that the groans, and cries, and distortions of the sufferer fearing to cross the gloomy portal, which are so frequently made themes for pulpit declamation, are rarely realized. We have yet to

see the first evidence of the truthfulness of such pictures. On the contrary, we have seen the body, even here, as it were, lighted up with spiritual fire just as the immortal soul was parting from its rude tenement. We have seen the darkness of death interrupt the half-formed smile, and check the faintly-uttered exultation. Many hands have peacefully become pulseless within our own when their last expressions were of gratitude and peace. Thus has it generally been our lot to see "death swallowed up in victory." Not so always, for we have heard a maniac curse on the brink of eternity, and have sometimes witnessed the most stolid indifference when the noise of the sickle was audible. We contend, however, that the article of death deserves serious consideration from the physician, for other reasons than those which generally give it importance, and it is a question of deep concern, whether an injudicious present: ment of the subject may not counteract the most energetic therapeutic agents, and a judicious one becomes itself a most important means of cure. Sir Astley Cooper is not alone in having seen a patient "die because he would not live," and recoveries of such as the patient, who, when informed by the physician that the chances were ninety-nine in a hundred that he would die, replied, "Doctor, I'll take that one odd one and you can take the rest," are by no means uncommon.

The subject is one which demands the most careful thought and the profoundest exercise of judgment. Whether the object be to allay excitement, subdue fear, arouse to energy, or alarm to action, the means must vary with individual cases, and all must be left to the discriminating and philosophic mind of the expert practitioner.

Non-Military Physical Training.

[From the Philadelphia Medical and Surgical Reporter.]

A company of well-drilled, well trained soldiers, hailing from Chicago, have just now half finished their triumphal march through the United States, and thousands of our citizens have admired their marching, counter-marching, loading, firing, defiling, and other military tactics in a small way. One of our medical cotemporaries has even ventured as far as a pun, and the "Zouw-iter in modo, fortier in re" is certainly not bad for a first attempt. Everybody is in ecstasies.

There is a lesson attached to all this. Muscular development, bodily exercise, fresh air, with their concomitants, a good appetite, and strength and energy to work, are identical with good health. It is more in their capacity as living examples of hygienic principles and sanitary reform that we refer to the Zouaves to day, than in their expertness to run a bayonet through an enemy, or fall upon him from behind an ambush; more in regard to the power of withstanding the deleterious influence of fatigue, deprivation, and the bad effects of climate, which good physical training creates, than the astonishing feats of creeping, like a snake, on one's belly, and loading and firing at an enemy while lying on the back.

The most ridiculous thing, however, which we have heard in connection with the Zouaves, are the performances which they were induced to give on the stages of the Academies of Music in this city and in New York. Six thousand people allow themselves to be seated for three hours in a crowded theatre, the atmosphere of which is contaminated by the carbonic acid of five hundred gas lights, deprived of oxygen, and each one breathing over and over again his own pulmonary and cutaneous effluvia, and those of five thousand nine hundred and ninety-nine others. And all this to witness how a proper obedience to sanitary, hygienic and dietetic laws contributes to the well-being of All walking home dizzy and with a headache, their sleep disturbed by glittering bayonets and wild huzzahswhat a glorious thing it is to see forty men repel whole armies of imaginary foes, impale them upon their bayonets, single them out in fire by file, and slay them en masse in a company's discharge.

It is astonishing how much talking and writing there is

on the laws of hygiene and the necessity of physical training, and how little is done practically to remedy the evils under which our people suffer. It is but a few years ago that the Academy of Medicine in New York was assembled in large numbers to listen to the reading of an elaborate paper on a new mode of ventilation, we believe, or a similar subject of domestic hygiene. While the paper was read there was actually not an orifice, except the key-hole, through which the air of a densely packed room could be renewed. The air became so mephitic, that finally some member made an attempt to ventilate by raising a window. Alas! windows in our public buildings are not made to be opened; only at the risk of a paneful fracture could something like fresh air be obtained. A member accordingly took up the cudgel in favor of fresh air by a violent thrust of his cane at the sash, and made an aperture sufficient to prevent the Academy, in full session assembled, from meeting with the fate of the poor victims of the black hole at Calcuttal

But let us speak seriously. Man was not made to be a Zouave, nor a dragoon. But we were all made to breathe fresh air, and walk on our feet. The Zouave tactics, even including their celebrated skirmish drill, will never be so universally adopted as to regenerate the physical condition of our race. It will never come to pass, that every one will be able to dance like Fanny Elsler, run and leap like a Zouave, swim like Lord Byron, or ride like a Cossack, Besides, let it be remembered that virtually one-half of our race are, by their sex, excluded from enjoying these privileges of physical activity. If we wish to put a barrier against the bad tendencies of our present social life, we must begin at the bottom of the evil. The first thing is to teach our people to stay at home, or to take a quiet walk in the open air, instead of crowding by thousands into miserably rentilated rooms and breathing a foul atmosphere.

Let any one, who is interested in the subject of physical training, and the education of our children, visit the schools of our cities, and he will see there a wide field for improve-

ment. It is there where reform must begin, where physical training must be commenced. Especially is this true of the female schools. Pupils are confined in closely packed, illy-ventilated school rooms, on, stools without support to the back, for four and five hours continuously, from seven to eight hours a day. But this is not enough. We lately saw one of the cards of regulations for our public schools, on which was said in substance that parents and guardians are urgently requested to see that the pupil studies at home at least three hours a day. Here are ten hours a day,—for children from ten to fifteen years of age,—of hard study, just at the period of life when their muscles and bones expand most, when exercise is most needed, when, if ever, the foundation for a healthy physical development will be laid, or the germ of disease will be sown.

Ask any literary man, accustomed to brain-work, how many months he can keep up studying ten hours a day without breaking down, and he will tell you that from five to six hours of hard mental work is as much as the system will bear without reacting injuriously upon the general health. This is in an adult. Yet we burden children with ten to twelve hours of study, giving them no chance whatever of physical training, and then we go and gaze at a company of Zouaves, appland their maneuvering, and forthwith form Zouave battalions. Meanwhile our school rooms remain as crowded as eyer, our children are crippled physically and mentally by a miserable system of educational overdosing. Need we wonder why thin calfs, narrow chests, sallow cheeks, a poor appetite and a bad digestion are so common in the youth of our country?

We must begin at the nursery and the school-room. It is there, where the germ of disease, of deformity, of physical decrepitude and mental weakness is laid, which no Zouave-practice is able to remove. It is there where feeble limbs, crooked backs and crooked minds are reared that lie a dead weight upon the strength of the nation. The strength of a nation is not in its militia. It is in the millions of healthy children whose education is conducted ac-

cording to the laws of a sound hygiene. Rome had her legions; and yet she fell when over-wrought luxury, effeminacy and the corruption which always follow inevitably in their wake, had polluted the nation. No Zouaves could have saved her. So was it with Greece.

We say that what is most needed in our nation, to make us a strong and healthy one, both physically and mentally, is reform in our system of education and in our schools. It will be a better protection, than if we build a chain of forts from Maine to Florida; better than if we had an army of a million Zouaves, and a fleet of armed Great Easterns.

"Were half the power that fills the world with terror,
Were half the wealth bestowed on camps and courts,
Given to redeem the human mind from error,
There were no need of assenals nor forts."

"The warrior's name would be a name abhorred!
And every nation, that should lift again
Its hand against its brother, on its forehead
Would wear for evermore the curse of Cain!"

Case of Lacteal Engorgement.

[From the Cincinnati Lancet and Observer.]

Margaret C—, aged 22 years, Irish, of a leuco-phlegmatic temperament, lax fibre and quite anæmic, was delivered, June 23d, of a fine male child, the second since her marriage. At midnight of June 26th I was called to see her; found both breasts enormously distended, the right measuring forty-two inches in circumference, and twelve and a half inches in length from the axillary fold to the nipple; the left, thirty-six inches in circumference, ten inches in length; the integument over each was stretched to its utmost capacity; was natural in color on the left, but dull red on the right; both breasts were as hard as if cancerous, and were traversed by greatly enlarged veins; at the base of each nipple the glandular structure was soft, but elsewhere quite hard and prominent beneath the integument. To such an extent were the breasts enlarged, that complete numbness had taken place in both arms, and the pulse was scarcely perceptible at the wrists, from pressure on the axillary vessels and nerves; there was neither pain, tenderness, nor fluctuation in either breast. From her previous history I learned that from her girlhood her breasts had always been large and flabby; and her first child was suckled until the present one "quickened"—the lacteal secretion being so copious shortly before the delivery as to run from the nipples. Regarding the case as one of simple engorgement of the lacteal ducts, the breast pump was immediately applied, and in less than two hours two quarts of milk were drawn, which was perfectly healthy in appearance. Directions were given to use the pump alternately on the breasts during the night, and give her brandy and water.

June 27th.—Requested Dr. Dandridge to see the case with me in consultation; found two more quarts drawn, making a total of a gallon of milk in ten hours; the last draughts have a decided yellow tinge, looking very like thin custard; the right breast now measures thirty-two inches in circumference, ten inches in length; the left, twenty-eight inches in circumference, nine inches in length; the pulse has returned at the wrists, and there is no numbness in the arms; complains of a dull pain in the base of the left breast. She was directed to support the breasts by a bandage, and keep on hop fomentations; and as there was complete suppression of the lochia, warm terebinthinate lotions were directed to be applied to the abdomen, over the uterus.

June 28th.—Is improving. Right breast now measures twenty-four and one-half inches in circumference, nine and one-half inches in length; test, twenty-three inches in circumference, seven inches in length; there is neither tenderness nor pain; breasts are soft, milk flows very freely, and appetite is poor. Ordered mist ferri comp., ounce ss. every hour.

R. Quinia sulph., gr. j. Ext. hyoscy., gr. ij. Ft. pil., s. to be taken at each meal. Rubbed breasts with warm vinegar, and applied Smith's bandage.

July 3d.—Much improved. Right breast measures twenty-one and one-half inches in circumference, eight inches in length; left, eighteen inches in circumference, seven inches in length; breasts quite soft and flabby; secretion of milk much diminished; has sore nipples.

R. Potas. iodid., dram j. Aquæ, ounces ij. M., s. tea-spoonful three times a day.

July 11th.—The breasts are now probably as small as they ever will be, measuring the right fifteen and one half inches in circumference, and the left thirteen inches in circumference. The secretion of milk has nearly ceased; and considering the case as well, I left it.

The Number of Children a Woman Can Bear.

The question of how many children a healthy woman can bear, during the child-bearing period of her existence, is one of some interest. If a couple live harmoniously together during a long life, and marriage has taken place very early, it is quite possible that as many as 24 may have been born to the State, at intervals reasonably short, and without their coming as twins or triplets. Amongst the poorer classes this regularity is met with, although even amongst them a pretty large number of children are born. On looking over the Register of the St. Pancras Royal Dispensary since the year 1853, six instances occur in which over 16 children were born; thus, two patients, aged 42 and 46 years respectively, were each confined of their seventeenth child; one, aged 39, of her eighteenth; whilst three, aged respectively 39, 40 and 50, were confined of their nineteenth. The last patient, 50 years of age, besides her 19 children, had 4 miscarriages. In most of these cases the births were single, although occasionally twins were born. The greatest age was 50. Dr. Gibb states that, on a careful examination of the Register for many years back, the age of 50 is the highest at which any patient was admitted;

and as the same patient did not present herself again, it is probable she ceased to bear children.

If the cessation of the catamenia determines the time at which gestation ceases, then it must occur in some instances as late as 55 or even 60 years; for M. Brierre de Boismont, who determined the critical period of life in 181 females, found that it occurred in 21 between 51 and 55 years, and in 5 between 55 and 60 years.

In considering the number of children a woman can bear, we of course here exclude these cases of multiple births, wherein from 2 to 6 children are born at one time, and which will thus swell the number of children brought into the world by one woman to as many as from 25 to 69.—

Lancet.

The Physiological Action of Chlorate of Potassa-

[Translated for the Boston Medical and Surgical Journal.]

Dr. Isambert experimented upon himself and others with the following results. He found, 1st, that the chlorate of potash is absorbed and eliminated with great rapidity, and that it is eliminated unchanged (still in the form of a chlorate), and consequently cannot furnish oxygen to the system, as has been supposed. 2d, That the principal channels for its elimination are the salivary glands and kidneys. Traces of it are detected in the saliva within five minutes of its indigestion, and ten minutes later in the urine. At the end of an half hour the process is at its maximum intensity, and it persists from fifteen to thirty-six hours. The duration of the elimination does not seem to depend upon the dose. It was nearly the same with doses ranging from one to twenty grammes daily. Dr. Isambert has detected it in the milk of two nurses who were taking it as a medicine.

He has found it in the nasal mucus, the tears and perspiration. Its presence in the fæcal matters he regards as doubtful, but thinks there is reason for believing that it passes into the bile.

3d. Dr. T. has ascertained the following facts in regard to its physiological action:—

Doses of from one to four grammes daily produced no appreciable results.

Doses of eight or more grammes induced a decided impression, lasting two or three hours; this was accompanied by a saline taste, apparently identical with that of the chlorate of potash. Although less powerful than a mercurial salivation, the results of overstimulation were apparent in a weakness of action of the salivary glands for five or six succeeding days. A slight alteration in the voice was noticed. The intensity of the salivary excitation was proportional to the dose administered.

The only constant effect upon the digestive function was an increase of the appetite. In one case, a slight pyrosis followed the use of a large dose, given in too concentrated solution. It never occasioned diarrhoea, although the faces were often tinged with green.

In high doses it possessed well-marked diuretic properties. Twenty grammes daily induced frequent micturition, and a slight sense of pain and weight in the lumbar region. The urine, during the whole time of its elimination, was strongly acid, and deposited urates abundantly.

It slightly increased the secretion of the pituitary membrane.

Its action upon the respiration, nervous system and circulation (the latter being in a healthy state) was inappreciable. When the circulation was unduly excited, it seemed to exert a sedative influence upon it.

No inconvenient effects have been experienced from taking large doses for several consecutive days. M. Socquet has taken thirty grammes (gr. 450) with impunity.

The facts above stated show that it acts in a manner similar to the iodide of potassium, and has little resemblance in its properties to the alkaline carbonates, among which, as a therapeutic agent, it has been classed.

Dr. Isambert devotes a large portion of his paper to the discussion of the uses to be made of the chlorate of potash in therapeutics. The results are precisely what one would infer from a careful study of its physiological action.

Influence of Sex on the Diseases of Children.

[From the Medical Times and Gazette.]

The materials for this essay are derived from the consideration of 10,000 cases of disease, which have been observed at the Children's Hospital at Dresden. The following are the conclusions Dr. Kuttner arrives at:—

1. Male infants are far more frequently, and especially during the first year, the subjects of disease of the digestive organs than female infants. It is a well-known fact that they are more difficult to bring up by hand, being much more liable to have the digestive apparatus disordered by defective or erroneous diet. In a relatively equal mortality of the two sexes, a much absolutely greater number of males die of this class of diseases. 2. So also diseases of the nervous system, particularly brain affections, and especially within the five first years of life, are almost twice as frequent in boys as in girls. 3. Finally, boys are far more disposed to hernia (of 116 cases, 75 occurred in them) than girls, and that with regard to both umbilical and inguinal hernia. 4. On the other hand, girls suffer more than boys from affections of the respiratory organs, especially catarrhal affections; for while the former presented 1128 cases, the latter presented but 988. But the difference becomes especially obvious during the fifth year; as the difference, insignificant (873 girls to 843 boys) prior to that age, then mounted up to 255 as compared to 145. Of 498 cases of pertussis 281 occurred in girls and 217 in boys. Of 17 cases of croup, 9 occurred in boys, and 8 in girls. 5. In organic disease of the heart, a preponderance of females existed, viz., 13 out of 19 cases. 6. In acute blooddiseases, as exanthematous and typhus fevers, sex seems to exert no influence; but such influence is remarkable in the chronic blood-diseases and dyscrases, especially in anomia, and scorbutus-like depravation of the blood. Of 144 cases of this class of disease, only 26 occurred in males, and 118 in females. The difference becomes more marked with the advance of life; for while under 7 years of age, 17 boys and 30 girls belonged to this group, between the years of 8

and 13, there were but 8 boys to 88 girls. Scrofula and tubercle exhibited themselves in the proportion of 305 in girls to 269 in boys. Until the course of the second year, there was a preponderance in the males (86 boys to 69 girls;) but after the fifth year there were, owing to the greater frequency of pulmonary phthisis among them, 121 girls to 72 boys. Rickets were observed in 577 boys and 610 girls, the disease being later developed and more enduring in girls than in boys. Congenital syphilis was observed in 36 boys and 49 girls. 7. Chronic diseases of the skin occurred in 903 of the 10,000 cases of disease; but no marked difference from sex was observed prior to the ninth year, after which period girls were found much oftener subject (88 to 31,) and especially to diseases of the scalp, than boys. 8. Enlarged thyroid gland was met with in 15 male and 35 female children—25 of the latter having passed the ninth year.

Remarks on the Mode of Administering Calomel.

[From the Pacific Medical and Surgical Journal.]

EDITOR PACIFIC MEDICAL AND SURGICAL JOURNAL:—Although I have not practised medicine for the past nine years, yet I still feel an interest in the progress of medical discovery, and wish to communicate to your readers a fact which is not generally known, and I am not aware that it has heretofore been known at all.

It is in regard to a peculiar mode of administering calomel, and the results of which have been proved, both in my own person, and in its exhibition to many others.

When the full purgative effect is required, instead of giving from ten to twenty grains, I merely moisten the end of my finger, and take up from two to three grains. This I introduce into the mouth, at bedtime, and give directions to the patient to take no farther notice of it, but thereafter not to drink any liquid until morning. Immediately upon rising in the morning, I repeat with a smaller dese, say not over two grains.

This is the whole process, and in the course of the day, I have never known the patient to fail being freely purged, more so than fifteen grains will generally do, when given in syrup.

The discharges are of the same character as those pro-

duced by a large dose.

Being so rusty in my profession, I do not know that I have any right to do more than announce the fact; but I will also venture to give my theory of its action—which is this. That by applying the calomel in an unmixed dry powder to the mucous membrane of the mouth, it slowly diffuses itself over every part of the tongue, mouth, fauces, cesophagus, and lastly, the stomach, and a general mild action takes place over much larger and more sensitive surface that when taken covered with syrup, or in form of a pill, as, when given in the latter modes, it acts almost exclusively upon the stomach, which is used to the continued action of various stimulants, and the mucous membrane of which has probably become less sensitive than those other portions which ordinary stimulants momentarily affect in passing over them.

In other words, a larger surface is impressed, although in a milder manner, and the increased sympathetic influence or power exercised by this larger surface over the other portions of the mucous membrane of the intestinal canal, more than compensates for the difference in the dose.

Whether my explanation is correct or not, the facts are as stated, and I leave the matter with those who can use the knowledge to better purpose than I can.

Bi-Tartrate of Potassa in the Treatment of Menorrhagia.

[From the St. Joseph Journal of Medicine and Surgery.]

My attention was directed to the use of the above remedy, in 1848, by a communication published in Ranking's Half-Yearly Abstract of the Medical Sciences, from Dr. Sylvester. Former experience teaching me the inefficacy of the usual remedies in the treatment of menorrhagia, I determined to

use it upon the authority given, when opportunity offered, knowing its inability to do harm, if not beneficial.

I may state that you may class me among the old fogies in medicine in this respect. I love the noble profession of me licine and appreciate its improvements, but am not one of those whose enthusiasm lead them to jump at the discovery of new remedies, especially when they are energetic in their action in the treatment of disease. Remedies powerful in their action upon the human system must inevitably do harm, if no good. Therefore, ample testimony should only justify a physician, in private practice, in using them, unless as a last resort.

Believing, as I have said, in the inability of the remedy to produce harm, if no good, in such cases, I commenced the use of it in menorrhagia, and have continued its administration, when my judgment dictated its necessity, for the last twelve years, with greater success than with any one known remedy in that disease. Its action is rational, and conjoined with rest in the horizontal position, dict regulated in accordance to circumstances, with perfect quiet of mental as well as physical exertion, its effects are beneficial and speedy.

I will give the following case of recent occurrence:-Was called on the 7th of this month (June) to see Mrs. J. C., age about forty, the mother of nine children, the youngest three years old. Has menstruated regularly up to October last, since which time she has been irregular and profuse; sufficiently so to make its inroads upon her constitution. She was pale and exsanguined when I saw her. discharging freely for the last five weeks. Thinking that it was kept up by a want of tone in the muscles of the uterus, and its inability to contract, I prescribed teaspoonful doses of vinum ergota, repeated four or five times in the twentyfour hours, promising to call in two days. Upon my return, I ascertained that the discharge had increased, if any difference. Her bowels being very costive, I prescribed the bitartrate with a two fold object: to remove costiveness and check the discharge. I directed her to take three teaspoonful of the medicine, and put it in a sufficient quantity of boiling water to dissolve it, adding sugar sufficient to make it palatable, to let it cool, and drink the quantity in twenty-four hours; when that was gone, to use more in the same way. She did as directed, and in thirty-six hours was entirely relieved; since which time I have heard of no recurrence of it. This is but one case out of numbers in which it has thus acted.

Action of Different Medicines on the Mental Faculties.

[From the Medico-Chirurgical Review.

All stimulant and exciting medicines increase the quantity of blood that is sent to the brain. If this quantity exceeds a certain amount, then most of the faculties of the mind become over excited. Nevertheless the degree of this action is observed to vary a good deal in different cerebral organizations: and it is also found that certain stimulants exercise a peculiar and characteristic influence upon special or individual faculties. Thus ammonia and its preparations, as well as musk, castor, wine, and ether, unquestionably enliven the imaginative powers, and thus serve to render the mind more fertile and creative. The empyreumatic oils are apt to induce a tendency to melancholy, and mental hallucinations. Phosphorus acts on the instinct of propagation, and increases sexual desire; hence it has often been recommended in cases of impotence. Iodine seems to have a somewhat analogous influence; but then it often diminishes, at the same time, the energy of the intellectual powers. Cantharides, it is well known, are a direct stimulant of the sexual organs; while camphor tends to moderate and lull the irritability of these parts.

Of the metals, arsenic has a tendency to induce lowness and depression of the spirits; while the preparations of gold serve to elevate and excite them. Mercury is exceeding apt to bring on a morbid sensibility, and an inaptitude for all active occupation.

Of narcotics, opium is found to augment the erotic pro-

pensities, as well as the general powers of the intellect, but more especially the imagination. Those who take it in excess are, it is well known, liable to priapism. In smaller doses it enlivens the ideas and induces various hallucination, so that it may be truly said that, during the stupor which it induces, the mind continues to be awake while the body is alseep. In some persons opium excites inordinate loquacity. Dr. Gregory says that this effect is observed more especially after the use of the muriate of morphia. He noticed this effect in numerous patients, and he then tried the experiment on himself with a similar result. felt, he tells us, while under the operation, an invincible desire to speak, and possessed, morever, an unusual fluency of language. Hence he recommends its use to those who may be called upon to address any public assembly, and who have not sufficient confidence in their own unassisted powers.

Other narcotics are observed to act very differently on the brain and its faculties from opium. Belladonna usually impairs the intellectual energies; hyoscyamus renders the person violent, impetuous and ill-mannered. Conium dulls and deadens the intellect, and digitalis is decidedly antiaphrodisiac. Hemp will often induce an inextinguishable gaiety of spirits; it enters into the composition of the intoxicating drink which the Indians call bauss. The use of the amanita muscaria is said to have inspired the Scandinavian warriors with a wild and ferocious courage. Tobacco acts in a very similar manner with opium, even in those persons who are accustomed to its use: almost all smokers assert that it stimulates the powers of the imagination.

If the psychological action of medicines were better known medical men might be able to vary their exhibition, according to the characters and mental peculiarities of their patients. The treatment of different kinds of monomaniacal derangement also might be much improved; and it is not improbable but that even a favorable change might be wrought on certain vicious and perverse dispositions, which unfortunately resist all attempts at reformation, whether in the way of admonition, reproof, or even of correction."

NUX VOMICA IN NEURALGIA.-M. Roclants, a Dutch physician, reports most favorably of the effects of this potent drug in severe cases of neuralgia of the face and other parts, and communicates at the same time the therapeutic results obtained by many of his professional friends. of twenty nine severe cases a perfect cure was effected in twenty-five, and decided relief was afforded in the other four. The dose, in which the powdered nux vomica was administered, was from three to ten grains, and upwards, in the course of the twenty-four hours. In all cases its effects should be narrowly watched, as unpleasant consequences have occasionally resulted from incaution on the part of the physician. M. Roclants is inclined to regard the nux vomica as, on the whole, the most efficient and certain remedy against severe neuralgia; he has seen several cases which had resisted the prolonged administration of steel, bark, and all the other approved means, yield to its M. Trousseau has recently been very strongly recommending the strychnos as a most valuable remedy in obstinate chorea. - Medico Chirurgical Review.

Professional Pecksniffs.

[From the Cincinnati Lancet and Observer.]

Censorius physicians have sometimes complained of pious brethren, disposed to make their religious connections useful in a business way, who obtrude their sanctimoniousness on the profession, relating their experience before medical societies, or enriching the journals with descriptions of the illness of Elder Sniffle's child, or the miraculous recovery of the Rev. Mr. Honeyman's grandmother. An amusing specimen of this class of practitioners, among whom the affectation of godliness supplies the want of knowledge and skill, is found in Mr. Sutleffe, of London, from whose work* we are about to make a few extracts:

Hoarhound Tea keeps a saint out of Heaven upwards of 24 years—"In the summer of 1800, I was asked if I wished to

^{*}Medical and Surgical Cuses; selected during a practice of 38 years. By Edward Sutleffe. 8vo. pp. 628. London, 1824. The book is now rare.

see a triumphant saint expire. 'Much more,' I replied, 'than to see Rome in all her pristine or present glory.' I was accordingly directed to call on Mrs. W——, of the Surrey Road, which I did, in whom I beheld the nearest approach to an animated skeleton I ever expect to see. She instantly recognized me (having often met me at the sanctuary,) and shook hands feebly. She was on the mount of God's unchanging love."

Mr. Sutleffe had the cruelty to administer hoarhound tea, which prevented the saint from "going home." When informed she was out of danger, she shed tears of grief. She shortly afterwards retired to Warwickshire instead of Paradise, and grew quite lusty.

Fatal Hemorrhage from a Bubo.—Mr. Sutleffe was called to a young man with a sloughing bubo, where "the pulsation from the iliac artery was awful." The artery burst, and the patient quckly bled to death. "I have since thought that a ligature applied to the artery might have arrested the bleeding, if not have saved his life." On returning home, Dr. Sutleffe reflected on these words of the Apocrypha: "Oh, Adam! what hast thou done?" We presume our readers will add: Oh, Sutleffe, what didst thou leave undone.

Aphonia.—Our author, in common with his tribe, is an admirer of old women, and observes, "that old women do as well as old men, and sometimes better." In illustration of this aphorism, he mentions two cases of aphonia which baffled him, but were speedily cured by an old woman with "gin and oatmeal."

Flannel.—Dr. Sutleffe expresses a mortal antipathy to the wearing of flannel, quoting the prohibition of the prophet Ezekiel (chap. xliv.) "They shall not gird themselves with wool that causeth sweat."

Uric Acid.—A compound of rhubarb, soap, and juniper is recommended by Mr. Sutleffe, "to sweep out the kidneys, ureters, and bladder, incommoded with red gravel. I call it my besom, and it is thought to be an appropriate name in the circle in which I move."

Mania.—Mr. Sutleffe advocates the use of ground ivy in insanity. "I cannot call to mind a single case of mania where the glecoma hederacea has had a full trial, without eventual recovery."

Puerperal Fever.—A "scripturally pious" lady had puerperal fever, which completely baffled Mr. Sutleffe and his friend Dr. Sims. They had the mortification to witness "deeper advances toward despondency," in the midst of which "the scene partook not of the house of mourning, but was rather an epitome of the abode of bliss." Being pressed for a prognosis, our author stated: "that in reference to the laws of the obstetric art, the patient must die; but as Dr. Sims and himself had now turned over the case to God, it was possible that she might recover." It does not appear that the Deity took charge of this case, for the lady died. "Fraught with instruction in its progressive. stages, this case was singularly honored in its termination; for the children of the deceased came forth with one consent to join themselves in a perpetual covenant to the Lord and his church, where they now shine as polished pillars in the temple of grace."

The Evils Arising from Tight Lacing.

[From the New Orleans Medical and Surgical Journal.]

The anthor considers the evils of tight-lacing as affecting—1. The osseous system. 2. The thoracic viscera. 3. The abdominal viscera. 4. The pelvic viscera.

1. The principal parts of the osseous system are the spinal column and the ribs. The former rarely becomes affected from this cause; when, however, it becomes so, the injury is of a serious nature—caries or necrosis. The ribs are more frequently injured, the most frequent result being the deformity called "chicken-breast." This means a turning inwards of the ribs from continued pressure from without, materially diminishing the space occupied by the lungs. The angle of the ribs is thereby made more acute, and they are rendered more liable to fracture.

2. Among the thoracic viscera, the lungs suffer most from this abominable fashion. They are not allowed to expand to their full capacity—the arterialization of the blood is interfered with: cold feet, cold hands, head aches, nervousness, debility, dullness and weakness of mind, are the result of a deficiency of oxygen in the blood. The lungs become predisposed to tubercular deposit by tight-lacing, and chronic enlargement of the air-cells, produce a state similar to what is called the "heaves" in horses.

The heart, of course, suffers at the same time; it is overtaxed, becomes first irregular, and later, and not unfrequently, the seat of organic disease.

3. The liver, stomach, and intestines, suffer among the abdominal organs. The liver is crowded in an unnatural position and shape, its circulation obstructed, the glycogenic function interfered with, and thus the foundation is laid to many acute and chronic disorders.

The stomach suffers with the other organs in the general debility; it is prevented from developing itself normally, and its rotatory and peristaltic action is interfered with. The morbid and vitiated appetite of our fashionable tight-lacing ladies is frequently attributable to this cause. The pressure upon the intestines produces various evil results. It diminishes the peristaltic motion, obstructs the circulation, especially the portal; interferes with the proper performance of the function of the absorbents, and, by diminishing the abdominal cavity, forces the intestines into the pelvis; in this way—

4. The bladder and the uterus are made to suffer. The capacity of the former is diminished, and either frequent micturation or retention of the urine may result, and predispose to the deposition of stone.

More harm is done by pressure on the uterus than on any other organ. The whole catalogue of retro and anteversions, retro and ante-flexions, prolapsus and procidentia uteri, find in tight-lacing a predisposing as well as an exciting cause. Abortions and miscarriages, with their long train of bodily and mental suffering, are produced by

pressure upon the abdomen from this miserable practice.

We have perused the paper of Dr. Young with great pleasure, and fully agree with him when he remarks, that it is the imperative duty of the physician to teach woman "how much better it is to live unfashionably than to die fashionably."

Instantaneous Cure of Sciatic Neuralgia by Cauterizing the Lobe of the Ear.

[From the San Francisco Medical Press.]

Such was the title of an article which I read in the Courier des Etats Unis, in 1850. The modus operandi was to take an ordinary probe, make the head red hot, and apply it for a second to the posterior part of the lobe of the ear, on the same side where the neuralgia was existing, and its instantaneous cure was obtained. As well as I recollect this method has been used by the Seytes, revived lately and several cases had been cured in the presence of members of the Academy of Medicine in Paris.

Having at this time no medical periodicals on hand, and finding this most extraordinary cure in a public newspaper, I did not pay any attention to it, and viewed it as a canard.

A few months afterward, a Belgian sailor consulted me for a sciatic neuralgia, which had forced him to come down from the mines as unable to work. I employed, for about three weeks, several remedies used in those cases, but all to no avail. The patient had to walk supported by two crutches, and even with their assistance that motion was attended with much pain. The non-success of my different attempts to cure the sufferer, put me out of patience, and I resolved to try the experiment of the cauterization of the ear.

I informed the patient of my intention, and told him that it was a trial in which I had hardly any confidence; the poor fellow had suffered so much and for so long a period, that he would submit to anything; consequently, I cauterized the posterior part of the lobe of his ear with the

red hot probe. My anxiety to know what would be the result of the trial was perhaps as great as that of the patient, and I was not a little astonished, when, after a few minutes, he cried out, "Doctor, my pain is gone!" Immediately after that, he moved his leg, slowly at first, then quickly, and finally danced. The next thing was to take his pair of crutches and throw them out of the window, crying out, "I don't want those blessed things any more." I thought he was going mad from joy; my astonishment was great also, and I could hardly believe this evidence of my own senses: a quarter of an hour afterward the ex-patient quitted my office as lively and as satisfied as possible.

The first inquiry I made to myself was, what direct connection can there be between the posterior part of the lobe of the ear and the sciatic nerve? I could find none but the general connection of the whole frame, and had to give up the explanation of the instantaneous cure. The only satisfaction that I had, was to say, poster hoc, ergo proptes hoc.

Five or six days after this, my patient came to my office, leaning this time on two sticks, (his crutches were gone,) as stiff, and suffering as much as before the cauterization. My confidence in the extraordinary cure immediately faded away, but the patient explained to me what he thought was the cause of the failure. He felt so satisfied and so jolly after his cure, that he went on a spree with some of his friends; the next morning he found himself in a gutter, and could not move; finally he was taken to his lodgings and had to remain in bed all the time, suffering more than ever. After some remonstrance against his misconduct, I made a second trial of the cauterization, which succeeded again, and three months afterward, when I saw the ex-patient for the last time, he felt perfectly well.

In 1852, an American came into my office on two crutches, suffering intensely with a sciatic neuralgia of six months standing. I used immediately the cauterization; in less than two minutes the patient walked freely, he took his

crutches under his arm, looked at me and run away. Probably he took me for a necromancer. I never saw him after that.

In November, 1853, Mrs. P. consulted me for a cancerous breast I advised her to have removed. She concluded to go to England, her native country, and finish her days among her family, rather than to undergo the chances of a doubtful operation in a strange country. Having bought her ticket for the next steamer, she prepared to leave San Francisco in a few days. For a few weeks she had also suffered dreadfully with sciatic neuralgia, which for several days had become so intensely painful that she had not been able to be removed from her bed. Fearing that she would become quite helpless and in a very miserable condition on board a steamer, among strangers, she sold her ticket, and I was called for at 10 o'clock. Her pains were excruciating; she was sitting on a sofa unable to move. I proposed the cauterization, she acceded, and it was immediately applied; a few minutes afterward Mrs. P. cried out, "Doctor, I think my pain is gone!" I engaged her to try to move her leg, she tried, and moved it without pain. Her joy was so great that she begun to cry; her husband, who was sitting near her, could not help laughing like a madman. In a few moments afterward Mrs. P. walked freely in her room without the least pain, went to bed and slept soundly. Three days later Mrs. P. complained of a new pain, which this time was in the anterior part of the thigh, the leg and the foot, while before the cauterisation, the pain was rending in the posterior part of the limb and the bottom of the foot. I performed a second cauterization on the anterior part of the lobe of the ear, and immediately the pain was removed, and the free motion of the leg obtained.

Since 1853 I have never met with another case of sciatic neuralgia, and, in consequence, I have been unable to extend my observations on the cauterization any further.

The reason why I publish this article at so long a period after its occurrence, is to attract the attention of the medical profession to this subject, which, on account of its seeming ridiculousness, has not received a due consideration.

Unhappy Men-

[From the San Francisco Medical Press.]

We have a class of medical men on this coast who appear to base their claims to professional respectability upon the merit of a long residence here, "the old established practitioners of California," and are anti-progressive in the most extended sense of the term. True to the spirit of the dog in the manger, they will neither enjoy the pleasures of working for the advancement of the profession and reputation of themselves, nor willingly let others. When a medical man writes a paper for publication in a Medical journal they say he is trying to advertise himself; when he is active in organizing and sustaining Societies for medical improvement, they condemn him for having some selfish purpose in view; and again, if he be appointed by a Medical Society on a Standing Committee, whose imperative duty it is to make a report upon some department of Medical Science, he makes that report, which is accepted by the Society and published, then, indeed, they will declare that the crowning and unpardonable sin has been committed. He has, not only ambitiously thrust himself forward, but made tools of others through which he advertises himself.

Now, inconsistent with common sense as these statements may make those to whom they apply, they are strictly true, and apply most justly too to medical men of considerable prominence.

But what surprises us most is, that so many practitioners in this City and State, of very good sense, hesitate to join Medical Societies because of the sarcasms of these malcontents. In that way we lose the aid of some who would otherwise be good members of our Medical Societies. But this will not avail those long who desire to impede the progress of improvement in Medical Science on this coast. There is a class of medical gentlemen here, including some of the best of the old residents, and all the new-comers worth mentioning, whose motto is nulla dies sine linea, and who do let no day pass without its mark in advancing Medical Science. They will sustain Medical Societies. They

They will not be discouraged at anything but will unresentingly bear insult, falsehood and defamation of character, all for the sake of the profession they love so much and delight to practice. Nothing will disturb their equanimity in the pursuit of their object. They will with enthusiastic devotion to a great cause forgive insults, injuries, everything. No, they will not forgive everything—they will not forgive professional treason and professional perjury. They have no right to forgive these. Their duty requires them to make examples of professional TRAITORS and PERJURERS, so that no more such may ever disgrace the profession of this coast. But they will bear with the faults of others and of each other as long as forbearance can be a virtue, for the sake of harmony and the good of the profession.

TREATMENT OF PROLAPSUS OF THE FUNIS.—Gentlemen: In a previous number of your journal, I made some remarks upon prolapsus of the funis as a complication of labor, accompanied by the details of a case, its treatment and result. I have within a day or two had another case of this kind, where two or three inches of the cord prolapsed, following the evacuation of a large quantity of liquor amnii. I immediately placed the woman upon her breast and knees, introduced the hand into the vagina, and readily replaced the cord. It kept its proper position by gravitation until the contractions of the uterus pressed the head pretty firmly against the os uteri, which prevented its descent. In a few minutes after it was replaced, the woman was placed on her left side, and the finger was kept in contact with the os so as to ascertain whether the prolapsus of the cord returned. This did not take place, and in about an hour the woman was delivered of a fine living and healthy male child, much to the gratification of the parents. In view of the frequent fatality to the child of this complication, I deem a knowledge of its proper treatment a matter of great importance: I think with this knowledge that few, if any cases ought to result unfavorably to the child, and a resort to turning the child is seldom, if ever, necessary.

IODOHYDRATE OF AMMONIA IN CONSTITUTIONAL SYPHI-LIS.—Prof. Gamberini deduces the following conclusions from fourteen cases: 1. Iodide of ammonia and the iodohydrate of ammonia are indicated in the same cases of syphilitic diseases as the iodide of potas; 2. The treatment from the employment of this remedy in increasing doses from 10 to 80 centigrammes daily, in from 100 to 180 grammes of some liquid, has lasted from 14 to 35 days, averaging 21 days; 3. A sensation of burning or heat in the throat and stomach of some patients forced us to suspend temporarily the iodide, as well as to lessen the dose; 4. A liniment, composed of the same remedy, with olive oil, 15 centigrammes of the former and 30 centigrammes of the latter, has assisted in curing the osteocopic pains; 5. Syphilitic accidents cured by iodide of ammonia have been cases of arthralgia, rheumatic neuralgia, periostosis, ganglionic enlargements of the groins and neck, and a papulovesicular eruption of the back.

The process of making this medicine is very simple. It is that of Ruspini, consisting in precipitating a solution of the iodide of iron by carbonate of ammonia, filtering the solution, which is then to be evaporated promptly, until a pellicle is formed, and then crystalize. This salt crystalizes in cubes, and is very soluble in water. Its taste is not very disagreeable, being a little more bitter than iodide of potas.—L'Union Medicale.

HOLOPATHY.—The Lancet says that a distinguished physician of Paris, M. Marshall de Calvi, is now lecturing on a new medical doctrine, to which he has given the name of holopathy.

He considers that diseases are only phases or episodes of a general affection of the organism, which affection or diathesis produces the episodes when circumstances favor their appearance. The lectures, it is said, are creating some sensation in the French capital.

EDITORIAL AND MISCELLANY.

Our Journal.

Hitherto the Encyclopedia has been independent of any school, clique, or association—simply the exponent of scientific medicine; but with this issue begins our connection with the Middle Georgia Medical College, at Griffin, and henceforth it will be the organ or medium of that institution. In making this connection with a college so deserving, we duly appreciate the generous and decided support which will be a most powerful incentive to us to adhere to the plan which has afforded—we have the vanity to say—such general satisfaction, and by every means to render our work more worthy of public approbation. Many improvements in our journal, growing out of the recent connection with this college, may be expected.

We were well apprized, in the commencement of the publication of a periodical of this nature, of the arduous labor which inevitably attends such publications. At the same time we entertained sanguine hopes that, if our efforts were deserving public support, we would receive it. We have not been disappointed. Our list of subscribers evinces this. On it are names which reflect lustre wherever found—names never wanting to patronize all undertakings whose aim it is to prove what is truly an exponent of Scientific Medicine.

O'Reilly on the Placenta and Nervous System, is the title of a very useful and instructive work which we have received, and for which we thank the author. This book is one of exceeding merit, and has much to recommend it to the favorable notice of the profession.

Dr. O'Reilly is a gentleman of learning and profound research, and "no one is more fully sensible of the difficult task of unraveling the mysteries connected with the nervous system than" he is. "Conclusions and opinions arrived at by men after superficial reading and study are not calculated, in many instances, to elevate the reputation of an author, as they cannot appreciate or comprehend the nature of the matter under discussion." "The opinions of the highest authorities on a scientific subject should not be received as authentic, without standing the ordeal of the most rigid scrutiny as to their truthfulness in all its bearings."

This work, standing upon its own merits, occupies a high position in the opinion of the most gifted physicians of our day.

STRYCHNIA IN THE TREATMENT OF DYSPEPSIA.—A. Learea, M. B., M. R. I. A., Physician to the great Northern Hospital, recommends Strychnia in the treatment of Dyspepsia for the following reasons in substance. He knows no single medicine (meaning strychnia) of more value in this disease. It is particularly indicated in dyspepsia attended with nervous debility. It is a good tonic where mental symptoms predominate. Its local effects are excellent and acts by increasing the tone of the muscular coats of the stomach and intestines. He mentions cases of severity which he cured without return of attack.

BISMUTH IN GLEET AND LEUCORHEA.—M. Gaby, of Paris, recommends injections of oxyde of bismuth as the best treatment of gleety discharges. Three injections per day, with thirty parts suspended in rose water, and so injected as to leave as large a deposit of salt as possible in the canal. The treatment we doubt not is good.

St. Joseph Medical and Surgical Journal.—This is the title of a new medical and surgical journal just received, and for the success and prosperity of which the editors have our best wishes.

College Announcements Received.

Medical Department of the Iowa State University, Keokuk, Iowa. Opens on Thursday first day of November, and continues until the following March. J. C. Hughes, Dean.

Middle Georgia Medical College, Griffin, Georgia. Opens first Monday in November, and continues four months. S. H. Saunders, Dean.

College of Physicians and Surgeons, New York. Opens Monday, 22d October, and continues until middle of following March. J. C. Dalton, Junior., Secretary of the Faculty.

Medical Department University of Louisville, Louisville, Kentucky. Opens first Monday in November, and continues until the last of February. J. W. Benson, Dean.

Pennsylvania College, Medical Department, Philadelphia, Pa. Opens Monday, 8th of October, and closes first of March. Lewis D. Harlow, Dean.

New York Medical College, New York. Opens Monday, October 15th, and closes middle of following March. R. O. Doremus, Dean.

Oglethorpe Medical College, Savannah, Georgia. Opens on Monday, 5th of November, and closes the first of March following. H. L. Byrd, Dean.

University of New York, Medical Department, New York. Opens on Monday, 15th of October, and continues until first of March following. —, Dean.

New Orleans School of Medicine, New Orleans, La. Opens on Thursday, 15th of November, and closes the latter part of March following. E. D. Fenner, Dean.

Jefferson Medical College, Philadelphia, Pa. Commences October first, and continues until the middle of March following. Robley Dunglison, Dean.

Medical College of Ohio, Cincinnati. Opens October 22d, and closes latter part of February following. M. B. Wright, Dean.

Electro Physiology and Electro-Therapeuties; showing the best methods for the Medical Uses of Electricity. By Alfred C. Garratt, M. D. Boston: Ticknor & Fields.

This work is intended for the profession, and to many it opens a new field for labor and investigation; one in which heretofore they have never trod. Although this subject has but recently engrossed the whole attention of many of our best and ablest men; although the science of its application as a remedial agent is still in its infancy, yet its power is known and felt—its results acknowledged and to be seen in almost every portion of our country.

The work before us is one which we feel we can commend to our friends with pleasure, for by its study they will be enabled to obtain both knowledge and profit.

Dr. Garratt is not a fanatic. He treats his subject calmly, deliberately and scientifically. His language is chaste, elegant and well chosen. He has endeavored to be deep but clear, profound but intelligent. His work is, indeed—being the only one of the kind in the English language—an honor to him and a credit to his country.

The author gives his opinions and the results of his investigations in a candid manner, without any egotistical display or dictatorial manner so common among writers at this day when treating a favorita theory of which it may be they are the only supporters, and thus endeavoring to force their opinions upon the minds of others, and make them proselytes to their particular doctrine. But in this work is given the conclusions arrived at by the writer from certain causes—what he really believes to be facts—and leaves the reader to form his own opinions, to draw his own conclusions, and to decide entirely for himself whether Electricity is or is not a very valuable remedial agent.

"The progress of medical science," says Dr. Garratt, "during the past half century, has brought us into new and closer relations with almost all other departments of Physical Science, but with none, however, in so intimate and indissoluble a manner as with this of electricity."

"The author, being profoundly convinced of the efficacy

of electric currents as a remedy, capable of producing, often, a radical cure, especially in nervous affections, bespeaks a generous and impartial reception by our American medical world, of what is already achieved for and in electro-physiology and electro-therapeutics; i. e., as to what relates, in a scientific sense, to the medical uses of Electricity.

"A systematic work on the medical and surgical uses of Electricity, containing clear and practical directions as to where, when, and "how," to employ Electricity as a remedy, (embracing at the same time the condensed scope of those natural, accidental, as well as artificial electric influences that affect life and health,) has long been greatly needed; and of late flatteringly requested of the author, by many distinguished members of the most venerable medical association in America, to fill, in some degree, this deficiency in our medical literature. True, we have had published in this country some small, yet valued treatises on this subject -one by Dr. Golding Bird; another by Dr. W. F. Channing. But these pioneer works were rather "evidence and argument," to exhibit and convince of what has, might, and would be accomplished by the medical uses of Electricity, rather than giving any philosophic and rational expose of the methods of doing it. Therefore what has been done by the agency of Electricity, in the way of remarkable cures, empirically or otherwise, if the modus operandi is not also clearly given, is purposely excluded from this work. The author has aimed to confine himself to gleaning from the highest practical authorities, and the comparing of these with his own clinical experiences, then classifying and arranging the subject matter, so as to present the whole range of electro-therapeutic practice, on a more systematic and scientific basis.

"And further, the author would only say, that he is most deeply impressed that too much stress can hardly be laid on the value of the culturing influences of this study of natural science, whether for leading on to a more rational and intelligent view of medicine, or as cultivating the powers of general observation, training the mind, as it does, to

more precise discrimination and orderly arrangement of ideas, and that without hasty or foregone conclusions,—enriching the mind with general and individual facts of daily application, or *enrobling* it by the knowledge of those great laws and harmonies which make all nature eloquent with the wisdom and goodness of our Creator."

This work should be in the hands of every student of medicine, of every practitioner in the land; and no medical Library should be considered complete without it. If the profession is true to themselves, true to their interests, and the interests of their patients, several editions will have to be issued to supply the demand; for it is the bounden duty of every physician to examine and to study every remedial agent which may come to his knowledge, and know how, when and where to make a proper use of it in order to relieve suffering humanity.

THE TWO BEST DOCTORS.—For all minor aches and ails, Dr. Letalone is the most uniformly and happily successful physician I ever knew; but in the severer forms of disease it is always wisest, safest and best to seek promptly the advice of an educated practitioner; and a fortunate thing would it be for humanity, if not an atom or a drop of physic were ever taken, unless specially prescribed by those who had the advantage of a thorough medical education.—Hall's Journal of Health.

THE NEW FRENCH CODEX.—The Pharmaceutical Society of Paris, is at present preparing the materials for the drawing up of a new codex or pharmacopoeia, with a view to facilitate the work of the committee shortly to be appointed by government, for the publication of that work.

Since the establishment of the charitable Eye and Ear Infirmary in Chicago two years since, two hundred and ninety-two patients have been under treatment.

Anasthetic Effects of Bisulphide of Carbon.—
"Dr. Wm. H. Uhler, of the Falls of Schuylkill, at a recent meeting of the Academy of Natural Sciences, mentioned that he had a short time before accidently inhaled the vapor of the bisulphide of carbon, which had produced complete anæsthesia. He was removed from the laboratory by the workmen in a completely insensible condition. He revived in a short time suddenly and completely, and he did not subsequently experience any nausea or the least unpleasant symptoms. Whilst in a state of anæsthesia, his visions were of the most pleasant and agreeable character."
—Med. News.

ENDURANCE OF THE HORSE.—Some cruel experiments have lately been made at Paris to test the endurance of horses. It appears a horse will live on water alone five and twenty days, seventeen days without eating or drinkink, only five days if fed but unwatered, ten days if fed and insufficiently watered. A horse kept without water for three days, drank 104 pounds in three minutes.

Phosphornecrosis is becoming so prevalent among those engaged in making lucifer matches in Paris, that the government has consulted the Academy of Medicine as to means for preventing this terrible malady. The Academy simply recommends, that as a preventive, matches should be made of pure amorphous phosphorous, or without phosphorous at all, the white phosphorous being altogether prohibited.

FROXINUS EXCELSIOR (Common Ash.)—The tincture of ash-bark has been used in gout, rheumatism and ague. Its value in gout has been tested for half a century. As long ago as 1712, it was used in the place of cinchona bark, but in somewhat larger doses.

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Griffin, Georgia, July 1, 1860.

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Questions connected with Medicine, or its sister Sciences, will be at all times welcome. Original essays and communications from members of the profession are respectfully solicited.

Trusting that our pages may, however, occasionally be perused by other than medical men, we shall, as far as practicable, avoid introducing such topics as might offend the modesty of our readers, although they might otherwise be a legitimate subject of medical communication.

We can only further say, that, so far as we are individually concerned, we shall endeavor to fulfill the promises thus made; and shall hope for a candid reception of an attempt to be useful. The aid and influence of the Press, together with the cordial support of Southern brethren, is respectfully asked; and should the plan on which we propose to conduct our Journal be approved, we cannot doubt an encouragement proportionate to its utility, and to the merit with which it may be sustained.

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GEORGIA

Medical and Surgical ENCYCLOPEDIA.

EDITED BY
HORATIO N. HOLLIFIELD, M. D.,
AND
TOM W. NEWSOME, M. D.



Lege totum, si vis scire totum.

VOL. I.

OCTOBER, 1860.

NO. 6.

SANDERSVILLE, GEORGIA:
PRINTED BY J. M. G. MEDLOCK, MASONIC HALL BUILDING.
1860.

PUBLISHED MONTHLY.

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GEORGIA

Medical and Surgical Encyclopedia.

VOL. I.]

OCTOBER, 1860.

NO. 6.

ORIGINAL COMMUNICATIONS.

"Remarks on the Treatment of Pneumonia."

BY E. W. SPAFFORD, M. D., PORTLANDVILLE, OTSEGO COUNTY, N. Y.

Editors Georgia Medical and Surgical Encyclopedia:

GENTLEMEN:—In your August number I notice "Remarks on the Treatment of Pneumonia," by S. D. Brantley, M. D. The language used, and the intelligence displayed in the article alluded to, entitle it to much respect and consideration. However, it would be very difficult, if not impossible, for me to acquiesce in many of the views which the Doctor seems to entertain. Medical investigation, not criticism, has induced me, very briefly, to review some of his opinions.

The history of medicine furnishes ample evidence that the opinions of eminent physicians have undergone important changes, and, in some instances, radical ones; but it appears to me, that, while modern medicine admits of improvements, it cannot admit of revolutions. The Doctor says: "I have seldom bled patients with this disease for the last two years, as the tendency of the majority of the cases witnessed by me has been to great debility, and prostration of the vital powers after the fever and inflammatory symptoms have been subdued." Here, allow me to use the language of Dr. Lawson: "The force of the disease, (pneumonia) unchecked by antiphlogistics, will tend to more complete and hopeless debility than arises from judicious

1

depletion; and the difference in the two conditions is, that the prostration from disease alone is difficult of removal, while the debility arising from depletion is more likely to be temporary, and consequently restoration can be more readily secured by stimulants and nutrients."

In this locality we cannot successfully combat pneumonia with alcoholic stimulants. During my practice here, (22 years,) I have invariably, early in the disease, depleted by venesection, and, in some cases, regardless of complications. It is true, I may have attended comparatively upon but few cases; perhaps not to exceed 100, during 20 years, and out of that number I have lost 8 or 9.

Dr. Brantley says: "During the two past seasons I have bled three or four patients in pneumonia, one of whom died, and the others required a long course of stimulants, tonics, nourishment, diet, &c., before they recovered." He does not state at what stage of the disease he bled his patients, how much, how many times, or what the condition of the patient was before the attack; which renders it very difficult, (for me at least) to conclude why he should lose one in four. The three succeeding cases to which he refers, and in which he resolves not to bleed, recovered. the three might have had that form of the disease in which the vis natura was sufficient to overcome diseased action without aid. I have much reason to believe that the lancet, judiciously used, followed up properly with antimonials, mucilages, blisters, &c., not only cuts short the disease, but is more likely to secure and hasten convalescence. view of the subject, I think I am sustained by abundance of statistical reports;

The non-bleeding plan in Vienna in 1856, the mor-

tality was		-		•		1 in 4
In 1857, it was						1 in 8 ₁
In Dr. Ditel's practice, .						1 in 13
Dr, Homeopathic,			•			1 in 10

Statistics might be multiplied, but I will only refer to the results of the treatment of physicians who, with bleeding, antimony, etc., were more successful:

Dr. Griswold lost							. 1 in 8
Dr. Bell lost .			,			•	1 in 13
Dr. Trousseau lost							. 1 in 26
Dr. Burkhart lost							1 in 60
Dr. Worrilldo lost		• .					none in 76

Some of our own hospitals report 1 in 4 to 1 in 55 2-3. I am aware that statistics do not furnish facts, upon which the practitioner can rely, in his selection of his best mode of treatment, as, in different localities and under different circumstances, pneumonia will manifest more or less tendency to spontaneous recovery, and what proportion of given numbers might have been entrusted to the recuperative powers of nature, they do not of course show.

July 20th, 1860, I was requested to visit L. A—, a young man of temperate habits, age 20 years, farmer. I learned that the first intimation he had of disease, was a severe chill, which was soon followed by languor, depression, deep-seated pain in the anterior part of the chest, flushed cheeks, injected conjunctiva, cough ringing and dry, severe pain in the head, respiration 35, pulse quick and hard, urine high colored and scanty, thirst urgent, tongue brownish white. Diagnosis—Lobar Pneumonia.

I abstracted sixteen ounces of blood from the arm, which presented a buffed and concave crassamentum. Prescribed the following:

Antimonii Potassia-tart., gr. ij.; Dis. in gum water O. j.

Ounce ss. at intervals of three hours.

·21st. But little abatement of the violence of the symptoms; slight expectoration of a brick dust color; had been delirious a portion of the night. Bled him twelve ounces and administered the following:

Hydrargyrum Chloridum grs. vj., In Ol. Ricini, ounce j.

Medicine suspended until the bowels were evacuated, and then resumed.

22d. The laxative answered expectation; urine increased, pain diminished, skin moist, thirst abated, and, to

use the patient's language, he felt stronger than he had before in a week. Inspirations 19, pulse 70 and soft, desire for food; continued medicine dimidius; applied a blister over the seat of pain; Dover's powders, grs. viij. once in eight hours; sponged the body with diluted nitro-muriatic acid.

24th. Patient convalescent; free from fever, little dullness and tenderness under the left scapula. Abstracted oz. iij. blood with the cup. Prescribed old Port and quinine. 26th—Rode out. August 2d, twelve days from my first visit, he rode to my office, a distance of three and a half miles.

August 18th, 1860, was requested to see Mrs. C——, aged 58; tall, spare woman; health had been poor several years, yet able to attend to domestic affairs most of the time. She suffered severe rigors the day preceding; found her unable to lie down, on account (as she said) of a catch in her side, which would not allow her to breathe. Percussion revealed a great deficiency of sound over the left lobe of the lung and of the pleura; pulse not much aneurated, but full and hard; face flushed; tongue white and dry; unable to turn or move without much ado. Diagnosis—Pleuro-Pueumonia.

Applied chloroform and other to the left side until temporary relief was obtained; two hours after the application, abstracted twelve ounces of blood and applied an epispastic on the seat of pain.

20th. Pain less severe; slight cough; much thirst; had not slept; urine retained. Moved the bowels by enemas, and prescribed the following:

Antimony tart, grs. ij.; Spts. Nit. Dulce, ounce ij.; Acetate potash, scr. i.; Aqua pura, ounce viij.

One table-spoonful every three hours.

22d. Much improved, and I was informed that on the 27th August, went to hop-picking by the day.

Indigestion.

BY TOM W. NEWSOME, M. D., SANDERSVILLE, GA. (Continued from Page 197.)

Previous to taking up the second class of this congeries of diseases, so to speak, it will not be deemed amiss, perhaps, as we have omitted it heretofore, if we briefly allude to a few of the numerous causes and concomitants of this complex disease.

Aside from habitually taking drugs, (particularly quack nostrums,) exclusive vegetable or meat diet, acids, liquors, or indigestible food, there are causes to be observed in our every-day walks. Among them we will first mention impure air as a predisposing, and, in many cases, exciting cause of this malady. The influence of the lungs in the process of digestion is sufficiently acknowledged, since we are convinced of the fact, that if we breathe impure air, it causes imperfectly elaborated blood, which circulates, reaches the stomach, and interferes with the secretion of the gastric juice, which concurs as a most powerful agent in the process of digestion. Unclean linen, too, in the category of concomitants to support it, and the antecedents which give rise to it, stands quite conspicuous; and the neglect of the "common ablution" precedes an ample share of dyspepsia.

Liquor, tobacco, coffee and tea, are not without their portraitures in the form of this disease. The first irritates the gastric mucous membrane and prevents its proper secretions, while the province of the two last-named is the same, though on a smaller scale. Concerning the "vile weed," Dr. Chapman says: "The most common of the causes of this disease, in certain parts of our country, is the enormous consumption of tobacco in its several forms. Certain I am, at least, that a large proportion of the cases of it that come to me are thus produced. It is usually very obstinate, and sometimes of a truly melancholy character." "Vain will be our hopes of permanent cure," says Dr. Bell, "or even of marked amendment, of dyspepsia, so long as the patient wilfully persists in the use of tobacco."

There is another class of individuals—respectable and important—who, though free from such damnable vices as chewing, dipping and drinking, are subjected to certain costumes or fashions, adapted, I am of opinion, for far more pernicious results, and against which it behooves us, as members of a benevolent profession, to raise our voices in solemn protest. We have reference to the females' corsets. Much more evil is assignable to this particular article of female dress than books have adduced. It is not our province or design, however, to say how ladies should dress. Even were it, we are not, fortunately or unfortunately, endowed with a quantum sufficit of arrogance to presume that our war against fashions would in any degree effect a reform; for upon that theme already much has been written, sung and preached, and trite as has grown the subject, the female dress still maintains its ground, and, as some one has pertinently remarked, frequently more than this.

To sedentary habits, derangements in the functions of the uterus, kidneys, and deficient action of the lower bowels, must we also attribute much of indigestion among females. The last named cause is much more frequently met with among them than in the opposite sex, and is doubtless due, in a great degree, to the control—if we may so term it—they are apt to acquire over the demands of nature.

These, though enumerated in a brief way, are the chief sources of indigestion. In the treatment of this disease it would be difficult to attach too much of importance to the cause, as it will, in a majority of cases, furnish a correct clue to its stronghold, and greatly assist in forming a correct diagnosis, which is acknowledged to be of vital importance in the treatment of all disease.

SELECTIONS.

Hysteria-

[Translated for the American Medical Gazette, by Dr. Marsland.]

An interesting and remarkable case, illustrative of the obstinate and complicated character sometimes assumed by hysteric affections, is reported by Professor Fonsagrieves, of the Naval School at Brest, in a paper recently inserted in the Bulletin de Therapeutique. This case is highly suggestive, both in its pathological and therapeutical aspects.

The professor was consulted in 1856 by Miss K., an English lady, twenty-one years of age, who from infancy had suffered from an obstinate cough, attended with general ill health and extreme nervous mobility. When Dr. F. first saw her, she was suffering from dysmenorrhea. tongue was often coated, her appetite bad, her digestion capricious and difficult. Constipation, alternated with diarrhoea. In the following August severe pains invaded the legs, and the trouble which had always attended her menstrual periods became aggravated. For the next three months the catamenia were entirely suppressed, although emmenagogues were perseveringly given. During this time ecchymatous eruptions appeared on the upper part of the body, coinciding, generally, with the proper time of the menses, and always accompanied by obstinate anorexia and indigestion.

In December, the patient was obliged to keep her bed through one of these attacks. Ever since the age of puberty she had been subject to similar trouble, and her frequent catamenial irregularity and intermissions had always been attended by headache, dyspepsia, and spasms. Now, however, these old symptoms subside.

On the 26th, she was seized with very severe cramps in the legs. For twenty-four hours these cramps succeeded each other almost without intermission, and attended with intense pains in the abdomen, in the loins, between the shoulders, and in the lower members. The arms were as yet unaffected.

On the 27th, a few leeches were applied to the vulva, but without any benefit. On the 30th, a warm bath was prescribed, to modify the cramps, which had assumed a very painful intensity. As soon as the patient touched the water she fell into a lethargic stupor, which continued in the bath, lasted several hours afterwards, resisted the most energetic peripheric excitation, and did not yield, except for a moment, to the action of cold affusions. As soon as she was left to herself she fell again into the same state. During this sleep, her countenance was calm, her skin very red, and her limbs completely relaxed. Little by little, the lethargic symptoms passed away; but some weeks later, and subsequently to another bath, they returned, with increased power. For seventy-two hours, without interruption, the stupor obstinately resisted every effort, and was undisturbed even by cold affusions. It was noticed that as the first lethargic attack had passed off, her lower limbs became rigid, though she did not perceive it, and attributed to weakness the difficulty she experienced in walking.

Towards the end of January, the attempt was made to get her to take a few steps, while she was supported by the arms; but her legs were as if of one piece, and the foints were immovable. Scarcely had her feet touched the ground, when she fell suddenly into a profound stupor, during which all the muscles were in complete relaxation: except those of the inferior members, which continued the seat of a contractile rigidity of the strongest kind. The legs were rigid, and were extended against each other: the knees were strongly pressed together, and the thighs were adducted. The arms, a few days afterwards, became the seat of a similar rigidity, which instantaneously yielded to Faradization, when the current was passed from one hand to the other. The rigidity of the legs, however, was unaffected by this treatment. The very morning on which this contraction was permanently established the lethargy passed away, as if there had been a sort of antagonism between

these two opposite states. For five months this rigidity of the legs continued, in spite of the most energetic use of cold baths, electricity, and other remedies; while the dyspeptic symptoms were unaffected by nux vomica, eau de Vecky, (natural,) and bitter tonics. The remedial impotence of all the means successively employed seemed to show that the subsequent recovery was spontaneous, when, a year later, the involuntary innervation abated, the will triumphed, and the patient got well.

At the age of thirty years, Miss K.'s maternal grandmother had been seized with a similar attack, which terminated in anchylosis of the knees. This result in the present case was to be apprehended, and would inevitably have, had not an occasional intermission of the rigidity been obtained for making passive motion. To produce this muscular resolution, inhalations of chloroform were employed, and were at first attended by singular nervous excitement, which would have deterred the physician from further attempts, had he not been convinced that this was the last recourse, and that boldness was a duty. In the course of two or three minutes a phreno-glottic spasm came on, with an arrest for an instant of respiration, as if the muscles presiding over that function had assumed a convulsive rigidity. Since, however, the pulse was still unaffected, the dose of chloroform was increased, and the usual anæsthetic slumber was at length obtained. As soon as the muscular resolution permitted, the legs were flexed upon the thighs. Some resistance was perceived, which was due, most likely, to the lesion of those soft, plastic products which, in a joint long kept unflexed, are converted at length into fibrous tissue, not admitting of motion. As soon as this resistance was overcome, the two knees played with the greatest facility. The leg, after several attempts, could be bent so as to touch the posterior aspect of the thigh. The anæsthetic sleep finally assumed the characteristics of lethargy.

The ordinary means for hastening the return of consciousness in anæsthesia were employed, without effect. Cold affusions evidently contributed to promote it. In pro-

portion as the action of the chloroform ceased, rigidity returned to the lower members; and when consciousness was completely restored, the legs assumed their original muscular tension. Recourse was had frequently afterwards to this means of enabling passive motion to be made, in order to retain the integrity of the joints, until the spontaneous cessation of this strange muscular rigidity should restore the patient to health.

During the twelve months in which this muscular contraction continued, with scarcely any change, the knees were so closely pressed together that a soft cushion had to be interposed, to prevent excoriations, and the possible formation of eschars. At this period, the muscles of the thighs and legs were much diminished in size, and seemed to lose a little of their rigidity. Less pain was produced by efforts to separate the two members, and it seemed as if the will was resuming its sway over the muscles, dominated over so long by the tonic spasm.

Some months afterwards, by persevering efforts, the knees were slightly flexed without the aid of chloroform. Then the muscles surrendered entirely. This contraction was, however, replaced by a semi-paralytic condition, which extended to the muscles of the spine, but slowly diminished under the influence of friction, shampooing, electricity, and sea-bathing. At present, (April, 1860,) the patient can almost walk alone. A marked change is produced in her general condition, and there is every reason to anticipate that these persistent and distressing symptoms will leave no permanent mischief behind them.

One of the most remarkable features of this case is the long continuance of the symptoms. Tonic spasms are well known to be more rare in hysteria than clonic spasms; but fugacity is usually one of their characteristics, and the perverted innervation soon spends its force, and passes away. Whole limbs are also very rarely affected with permanent contractions. Briquet, in his recent work on hysteria, records two somewhat similar cases. In one, there was a hemiplegic contraction, which lasted several weeks. In the

other, the lower limbs became rigid, and even chloroform failed to relax them. Had this anæsthetic, however, been applied in a manner sufficiently active, and sustained, the muscular contraction might probably have been for a time interrupted, as in the case of Dr. Fonsagrieve's patient.

Another suggestion is, the importance of passive motion in all cases where the joints are kept in one position. Surgeons often err on this point, and troublesome anchyloses result, which sometimes last through life. But for the care and intelligence of her physician, Miss K. would probably have lost the power of flexing her knee-joint, as did her grandmother, who was bedridden from this cause for thirty-two years.

The Treatment of Delirium Tremens-

[From the London Lancet for August, 1860.]

The patient, a cabman, aged about thirty-three, long addicted to hard drinking, and now in the fourth or fifth day of his third attack of delirium tremens, affords a good illustration of some practical points in the cure of this dangerous malady.

His face is wild, flushed, and perspiring, and his noisy, struggling delirium, which has been incessant during the twenty hours now past since his admission, evidently, from his language, swarms with the delusions incident to this state. Among these may perhaps be included that of expecting us to know all his symptoms, without any observation or inquiry, every approach to which he treats as an insult.

However, we want little oral information. His pulse, though very quick (120), is wiry rather than feeble. His epigastrium is tender. His tongue, dry and furred, with red edges, is very tremulous. These facts, taken with those just stated, and the circumstance that his present attack winds up a tolerably continuous debauch of some ten days' duration afford a clue to what will probably be a successful plan of treatment.

Opium and the "habitual stimulus" are usually regarded as the specifics for this malady. Confessing their frequent value, I would warn you against any but their casual and deliberate use. In other words, apart from some special risks occasionally contra-indicating them in even moderate doses, in this as well as some allied states in which they would otherwise be demanded, there seem to me great perils from their copious administration as a matter of routine.

Let us try to reason out the therapeutics of the malady. How do people die of uncomplicated delirium tremens? Generally, I make bold to say, of exhaustion. And what exhausts them? The perpetual delusions, ravings, shoutings, movements of this state. It is a most invidious analogy to offer; but I venture to say that any one who has ever spoken in public for one hour together, would, if he multiplied that hour by the factor requisite to bring it up to the many days sometimes passed in vociferous delirium by a patient, quite understand the perilous degree of exhaustion necessarily present. Besides, the morbid impressions are scarcely less injurious and fatiguing than the actions of the delirious state. Sensation, if varied and intense enough, is very hard work for the nervous system. Every one who has ever foolishly attempted to "do" a gallery of pictures must allow that it is easy to tire out the brain through the eyes in a very short time.

The first indication of treatment, then, is to prevent exhaustion; and in fulfilment of this, there is much to do and to avoid. A comfortable room, preferably well lit as well as aired; a good nurse, with quiet, decisive, fearless manners; an absence of all that is likely to excite and irritate—if possible, that is, a separate ward. Above all, no mechanical restraint.

This prohibition can not be too stringently enforced. No matter to what degree reason may be degraded or dethroned, the delirious patient always seems sensible of the debasement and brutality implied by straps and bands. If one nurse could not restrain a patient, I should call in

two, or ask for the further assistance (always generously given) of any or every convalescent in the hospital. But I should never strap or tie down a patient, however delirious. I suppose, in the last seventeen years, I have seen and treated a fair proportion of such cases. But though I have once or twice walked up to a raging patient whom nobody had for hours dared to approach, to loosen his bonds, I never had occasion to regret it. Indeed, I have always found that the more limited, temporary, and casual that graduated restraint of the patient which the hands of others afford, the better. Watching and persuasion generally suffice.

The same indication, again, dictates the drugs to be administered. That there are instances in which a delirious patient, exhausted by long habits of tippling, or prostrate under some independent disease or injury, is best treated by the stimulus he has latterly been deprived of, I do not deny.

The subject of our observations, however, not only illustrates the golden rule of Practical Physic—to treat the case, rather than the malady, and to avoid giving such and such drugs merely because the disease is diagnosed to be so and so—but represents, I think, that common and important variety of delirium tremens in which this routine treatment is specially to be avoided.

In plain English, when a patient comes to me with delirium tremens as the climax of a long debauch, I generally find that this state is modified by two other circumstances. He is more or less drunk, on the one hand; he has more or less gastritis, on the other. His furred tongue, his tender epigastrium, the nausea (or even vomiting) occasionally noticed, are, doubtless, associated with a condition which I have verified after death in the gastric mucous membrane—a firm, white, condensation of the cell-growth, and a deep congestion of the adjacent vessels, such as, for want of a better term, we may roughly call "inflammation."

Both of these circumstances prohibit the administration of alcohol and opium in their ordinary forms and doses. To what purpose, when a man is already raving drunk,

should we give additional quantities of the poison which has made, and is keeping him so? What; again, will opium often do, save increase this drunkenness? Combined with alcohol, opium is for most races and idyosyncrasies, a stimulant rather than a sedative. Indeed, even when taken alone, opium often acts as a stimulant upon the Malay, the Turk, the Hindoo—aye, and on many an Englishman quite unaccustomed to its use. And I am sure that, given in any but the most overpowering or dangerous doses, it oftener increases than lessens the ravings of the delirious patient; while it certainly so far obscures the symptoms, that after its sufficient (i. e., copious) administration, you must often remain in doubt whether the patient dozes because he is half poisoned, or because he is half cured.

Furthermore, as respects the gastric lesion, what, in the name of common sense, are large doses of alcohol to do? To increase inflammation; to add fuel to the fire; to constitute an additional source of the pain, fever, delirium, sleeplessness, which gastric irritation alone amply suffices Thus much at any rate might be alleged, to provoke? that their supposed benefits could hardly be deduced or explained, by Rational Medicine, unless it were presumed that, in this instance, the general effects of alcohol counterpoised that aggravation of the local injuries which its introduction into the stomach would necessarily provoke. to this generally beneficial effect we have already demurred; so that we need hardly point out that, granting it useful in this way, there could scarcely be a more clumsy, ineffectual, and dangerous mode of administering it, than by pouring it, in large quantities and a concentrated form, into an inflamed organ itself essential to life.

Much might, I think, be said for emetics and cold affusion in well-chosen cases of this kind. But in this instance neither of these two measures seem necessary. Two special attendants; a separate ward; a full dose (fifteen minims) of ipecacuan wine, with a little (seven minims) laudanum, and (ten minims) chloric ether, well diluted, every three or four hours; some three or four ounces of brandy,

largely diluted, in the twenty-four hours; and mustard poultices to the epigastrium, are all that we need now order. A mutton chop, to be taken as soon as he wakes from his first sleep, completes the prescription.

The action of ipecacuan, thus guarded and combined, I will not now dwell upon, further than to say that it seems to effect a two-fold benefit: to allay cerebral congestion and excitement, on the one hand; and to provoke gastric and intestinal secretion, on the other.

[The patient became gradually calmer, and in twelve hours fell asleep. The next day he was quiet and rational. Under full diet and stout, with bark, he recovered so rapidly as to leave the hospital, cured, in five days.]

The Brandy Treatment in Acute Diseases-

[From the Medical Times & Gazette, July 28th.

A London correspondent of the Wiener Medicinishce Wochenschrift. No. 26, in treating of the prevalence of Dr. Todd's treatment of acute diseases in London, expresses his opinion that it might be introduced with great advantage in Germany; for, although practitioners are there beginning to learn not to enfeeble their patients by blood-letting, they do not administer support to the nervous power in acute diseases; so that, while they do not do so much harm as heretofore, they still do not do so much good as they might do. He admits, however, that Todd carried his stimulant treatment somewhat too far, especially at the commencement of acute affections, when there is no loss of power. At a later state, however, no doubt can exist that the systematic administration of alcohol is attended with the best consequences; alcohol being, in Todd's view, not a medicinal agent, but a nutritive aliment of the nervous system. In the convalescent stage of typhus, as well as in the second and third week of this disease, and in many cases of pneumonia, the systematic administration of brandy saves many a life. An anecdote, illustrative of this subject, is told by Skoda. A peasant suffering from pneumonia

was given over by his attendant as hopeless. A notary was summoned to make his will, and many of his friends attended. While waiting for the official, some strong schnapps was passed round to the guests, and the dying man with feeble voice implored a glass from the well-known bottle. A refusal to one doomed to death could not be given; but the patient, finding himself so much better after the first glass, speedily repeated so agreeable a medicine, which soon effected a recovery, in vain attempted by pill and potion. The correspondent adds, that the assistant physicians of the London hospitals manifest a remarkable predilection for this brandy treatment, exhibiting it even when their seniors have expressly countermanded it. have known many cases in which one of the most distinguished hospital physicians, desirous of experimenting upon the treatment of typhus and pneumonia, has positively forbade a drop to be administered. The patient becoming worse towards evening, the assistant physician has been sent for, and, finding the case urgent, after in vain trying camphor, musk, etc., gives the patient brandy at short intervals, preferring to save life to obeying the orders which have been left. The symptoms yield, the patient sleeps, and in the morning is 20 per cent. better. The physician arrives at nine in the morning, and proclaims the case to the pupils crowding around the bed as an example of the uselessness of the brandy treatment—not a single drop having been administered!"

THE NEW SPECIES OF MAN.—M. Payle denies that the Niams-Niams, inhabitants of Soudan, have any prolongation of the coccyx. They are, therefore, improperly called tailed men. These people attach an animal's tail to the place where a tail would be fixed; and this is all their clothing. This it is which had led travelers into mistakes on the matter.—London Med. Times & Gazette.

Medical Education.—Its Tendencies.

[From the American Medical Times.]

The opening of the medical schools inaugurates the medical session of the year. No annual event, properly considered, is of equal importance to the republic of medicine. Yet we fear that it too often passes unheeded by our profession, simply because its significance is not appreciated. Let us consider its bearing upon the future of American The four or five thousands of students who are now gathering in the schools throughout the country, are the recruits who are to replenish and swell the ranks of that army of practitioners which now numbers in this country not far from forty thousand. Is it of little consequence that these recruits are qualified by education, habits, and moral training for the peculiar service of the physician? They are to be our brethren, our equals, and in the progress of events they are to be the exponents of the character of our profession, and give it rank in the popular regard. If they are thoroughly qualified by previous education, and bring to the investigation of the abstruse science of medicine, minds well disciplined to patient study and accurate research, then will they become masters in its various departments, and in subsequent life will sustain its reputation as a learned profession. If, in addition to educational qualifications, they have correct morals, and sensibilities keenly alive to the sufferings of their fellows, then will they confirm its reputation as the most humane profession. But if the majority of those who are now about to enter our ranks have but a limited education, dissolute and profligate habits, and are seeking personal aggrandizement as the end and aim of life, then they will degrade the profession to which they belong in the estimation of all whose opinion is entitled to respect and consideration. Could we determine the character of the recruits that are to-day admitted to the ranks of the army, we could with certainty foretell the value of that army, when the struggle of the conflict comes. We need scarcely add that if we judge from the past, many who now enter upon their medical

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studies have no proper qualifications. We could wish that it were not so; that those who stand at the threshold of the temple as its guardians, would carefully scan the applicants for admission, and turn away to more congenial pursuits the ignorant, the immoral, the unworthy. Every association of men, for whatever purpose, guards vigilantly the door through which accession is gained to its ranks. The wisest and most trustworthy are stationed at the portals to examine each candidate that no improper person may become a member of its select body, and change the peculiarity of its original organization.

But the ancient and honorable profession of medicine gives little heed, in this country at least, to the character and trustworthiness of those who guard the portals of its temples. Unconcerned it witnesses the annual influx of members, and sees the most unworthy too often elevated to the privileges and honors of its order without a remonstrance. It is true that hitherto the profession, as a body, has lacked the organization, and consequently the power, to protect itself from these degrading associations. field of legitimate medicine, like a wide domain imperfectly hedged, is guarded by mercenary sentinels, and thousands, unqualified, annually purchase admission, and with the most meritorious garner its rich fruits. But a better day is dawning upon American medicine, and a brighter era will ere long occur in its history. The profession at large has an organization which is already sufficiently powerful, were its forces but properly directed, to protect its own domain from further incursions. Through the medium of the American Medical Association, it can erect such defences as it chooses, and dictate, authoritatively, who may, and who shall not, be admitted to its highest privileges. it cannot compel the educating bodies, as by legal force, to scan more closely the preliminary qualifications of students, and indicate the standard of educational qualifications of graduates, is very true; but it can by suitable organization establish its own standard of education, have its own examining body, and confer its own degrees. The exigencies of

our times demand this of the American Medical Association; the honor, dignity, and character of American medicine are approaching a crisis which this body can avert. We may not now indicate the precise steps by which this great reform is to be accomplished, but that the initiatory step must soon be taken, and the work resolutely prosecuted to its consummation, no one who has at heart the honor of our profession can for a moment doubt.

In the collection of medical schools which it was our privilege to present in the student's number of the Medical Times, we have, we think, laid a foundation for rational speculation in regard to medical education in the United States. It not only affords the opportunity, much needed, of learning the advantages which the schools in different sections of the country offer to students, but what is of more consequence, we there learn the value which each school attaches to its diploma. This valuation indicates their standard of medical education. It is not our intention at this time to enter upon that critical examination of the subject of medical education, to which this collection invites us, but simply to offer some general conclusions which are apparent on a superficial examination.

What will, perhaps, prove to the mass of readers the most marked difference in our medical schools, has a sectional bearing, viz: between the Northern and Southern schools. It will be noticed that the fees in the Southern schools are uniformly high, those most recently established having a scale as high as the largest and most favored schools of the North. Among the Northern schools the scale of fees varies from the lowest of the Southern schools. to the price of the parchment for a diploma. If the scale of fees indicates anything as regards the estimate of the school of its educational advantages, and the value of a thorough medical education, this exhibition of figures shows a vastly higher appreciation of a medical education at the South, than at the North. The next most striking feature in the schools is the almost universal interest now manifested in clinical instruction. This is indeed the most hopeful

sign of the times. Heretofore the importance which the schools attached to clinical advantages depended entirely upon the facilities which their particular location happened to afford. The school so unfortunate as to have a situation distant from any hospital or infirmary, loudly decried clinical instruction, and many will remember that a venerable professor went so far a few years ago as to regard it as absolutely injurious to the student. Schools situated in our lake and seaport towns, saw their advantage, and vaunted their facilities for clinical instruction, and, not unfrequently, published in their annual circulars a list of all the medical institutions of the town, many of which were not even open to a transient visitor.

Although clinical instruction, as given in our colleges and hospitals, lacks system, and is as inefficient as it well can be, still we attach to it so much importance, that we regard this evident desire on the part of the schools to afford such advantages to their pupils as in the highest degree encouraging. Again, it will be noticed, that nearly all of our most flourishing schools have large Faculties, and lengthened courses of instruction, several extending their terms to five months. This fact is worthy of notice, as it is due to the direct influence of the American Medical Association.

In concluding these desultory remarks, which the opening of the medical session has suggested, we may add that a careful observation of the history of our educational bodies for the last few years, reveals certain inevitable tendencies which afford reliable data from which to cast the horoscope of the medical schools of this country. Clinical instruction is to become the sine qua non in a course of medical education, and hence those colleges located in populous towns which abound in public medical charities, will make the strongest appeal to students, and gain the largest classes. Those cities, again, which offer to the schools the largest advantages for hospital practice, will become inevitably the centres of medical education. Nor is it difficult, in the light of the above facts, to indicate the cities which

are to be crowned with this proud distinction. That different sections of our wide extended republic must have their own schools of medicine, in which the differences of diseases dependent upon climate are to be especially taught, is evident. The North must have her own schools, and the South and West must have theirs. Already the Pacific coast constitutes a fourth climatic division which must have its schools. The great emporia of these grand divisions of the country must become the centres alike of commerce and education.

Medical Jurisprudence.

[From the Philadelphia Medical and Surgical Reporter.]

It is a curious fact, that in no country throughout the civilized world is medical jurisprudence, or, if we wish to go a step beyond, and include public hygiene, is State medicine more neglected as a scientific study than in the United States; and that we can yet boast of having in the work of the *Becks* the most complete and classical work on the subject in the English or in any other language.

Yet, in measuring the standard of medico-legal science of a country, it would be futile to point to a few excellent treatises that have been published on the subject, and therefrom to estimate the state of the science. For, while fully appreciating such works as those of the Becks, Elwell, etc., we cannot be blind to the fact, that, while they are monuments of the scholarship, learning, and industry of their authors, they are indirectly a testimonium paupertatis to the profession. For it can scarcely reflect to the credit of American science when regarding so highly important a branch of medicine as medical jurisprudence, that it can point to but two or three books as the sole instructors and authorities on the subject, however excellent these instructors and undoubted these authorities may be.

It may not be amiss, in a discussion on this subject, to start with the statement at once plain and palpable, that the present system of education throughout the country, in this respect, as a general rule, is miserably defective. There are indeed some who would attempt, for reasons more apparent, undoubtedly, to themselves than to others, in apologizing for the present defects in teaching forensic medicine, the plea generally being that the limited time does not allow of considering the subject extensively. But, almost with the same breath, we are frequently assured that the present system of teaching, and the curriculum now generally adopted, are the very best that could be carried out, and that, after all, it was a serious question whether medical jurisprudence should not be left to be acquired after the student has graduated. To both of these points we shall refer as far as our space permits.

In the first place, if, with the admitted importance of medical jurisprudence, it cannot be fully taught and elaborated on account of the limited time, this forms one of the most forcible reasons why the time for study should be extended. The occasional plea that it can be acquired after graduation must be considered a subterfuge. For, in the first place, the young physician's time is too much taken up, in the majority of cases, to apply himself to a systematic study like that of medical jurisprudence; and the latter itself is so wide and extended in its scope, that it requires something more than the mere reading of a text-book to acquire it. The subject can, perhaps, best be illustrated by a case.

A young physician, just graduated, locates himself in a town and puts out his "shingle." It is not very likely that he will be called at once to the first families in the place; but it is much more probable that he may be summoned suddenly to the river's side. where a man has just been found drowned. It is his business to distinguish between death before immersion or death from drowning; whether any injuries have been inflicted before death or not. Suspicion falls upon certain persons to have strangled the man and thrown him into the water. He is to tell whether the man was strangled or drowned, whether he was in articulo mortis when he fell in, or was thrown into the river in per-

fect health. An eager crowd is enlivening the scene. Theories of foul play are abundant; and the physician's every movement, nod, or wink are closely watched. A coroner's jury is summoned, and an order for a post-mortem examination given. Imagine the fearful responsibility which rests upon the physician, if persons are held in arrest to be liberated or sent to their trial for murder on his testimony. All this may happen within a week after he has graduated and located himself; and yet we are told that it is a matter of serious consideration whether medical jurisprudence should not be left to be acquired after graduation!

What is the young physician to do? There is time for but a hasty consultation of books, and fortunately for him if he escapes from that with his ideas unconfused and his common sense unimpaired.

But, it is said sometimes, that medical jurisprudence being in fact made up of all other branches of medical science, he who is versed in the latter, is capable, eo ipso to solve questions of forensic medicine. This, again, is an untenable position. Physiology, even if taught experimentally, cannot settle the intricate questions of infanticide, or of strangulation, suffocation, and drowning. All these conditions must be studied by themselves as facts, and the questions involved in them cannot be solved on theoretical principles whatsoever.

A great deal of mischief has been done to the profession by the ignorance of medical witnesses of medico-legal questions, and we doubt whether there is any one cause which has contributed so much in undermining the confidence of the public toward the healing art, as the looseness displayed by the profession in regard to their duties toward the Commonwealth. We attach no blame anywhere, because this state of things has been brought about by the rapid development of the material interests of the nation, which has rendered our scientific progress necessarily more or less superficial.

But we think it is time that attention should at least be called to one of the greatest deficiencies in our medical

education. If the time may yet not be at hand for distinct professorships of public hygiene and medical jurisprudence in our medical schools, let, at least, the medical institutions of the country feel proud of not sending their graduates adrift without a full idea of their responsibility to the State and a knowledge of the most important questions of medical jurisprudence, so that they may do credit to themselves, and elevate the position of medicine among their fellowmen.

Management of the Placenta.

[From the British Medical Journal, May 12, 1860.]

After the expulsion of the child, and the division of the cord, the patient still in the usual position, the left hand should be passed over the abdomen to ascertain the condition of the uterus. If contracted, and the placenta extruded from the cavity, it only remains to extract it with the right hand from the vagina. If, however, the uterus be flaccid, and increasing in size, commence and keep up pressure upon that organ until the progressive shrinking of its bulk induces the expulsion of the contained coagula, and the close compression of the placental mass. Then wait some five or ten minutes. After this time, grasp the uterus, and by external pressure cause it to drive the placenta into the vagina, whence it may be withdrawn by seizing an edge with the fingers. Do not trust to the umbilical cord.

The advantages thus secured are the certainty as to the actual state of the uterus; the control obtained over the quantity of blood poured out during the process of detachment of the placenta; the ultimate attainment of complete contraction; the almost complete emptying of the uterine cavity from coagula, etc.; the much increased certainty that concealed or post-partum hemorrhage will not occur; the absence of hour glass contraction, or undue detention of the placenta.

[From the Boston Medical and Surgical Journal.]

A correspondent of the Boston Medical and Surgical Journal furnishes the following translation from "the Journal of the Proceedings of the Imperial Society of Physicians at Vienna, of which Prof. Rokitansky is President, and which is read in every city of Europe." The letter is dated Erie, Penn., N. America, 5 May, 1860, and is characterized by the same ignorance and low-breeding as the letter which appeared in the Journal of Medicine, some months back, translated from a leading German periodical:

"Sixteen years ago there came a barber here, Carl Brandes by name. At first he starved, then inoculated an English lady with the small-pox, was sentenced to a fine of 1800 dollars, escaped to California, returned with a heap of gold, paid the trifle, and is now allowed to be the richest and most skillful doctor here, although he has no knowledge of percussion, auscultation, and many other things. As a specimen of his knowledge, he still treats scabies by internal remedies. Besides him, there flourished here, last October, twenty-four other doctors, at which time I arrived here, and began my Vienna practice with much success. The inhabitants of the city are two-thirds Germans; the other third consists of Yankees, Indians, and Negroes, the latter being mostly fugitives from the Slave States. before yesterday I delivered a 14-year old negro girl, and to-morrow the family, consisting of sixteen souls, departs for Liberia, where each one will receive one hundred acres of land. German physicians make money here very fast, if they understand their 'business' and English. one has his own medicines, for a knowledge of which I am indebted to Herr Dr. Prof. Schroff, and Herr Apothecary Endlicher at the St. Ulrich, of Vienna. Our midwives here are a combination of ignorance and stupidity; the Yankee doctors, however, surpass everything in trickery and activity, for as soon as one of them has been guilty of anything extraordinarily outrageous, away he runs. than one hundred patent medicines are puffed in the newspapers, and sold here. A great business is done by the

sellers of worm-medicines, which is due to the frequent occurrence of worm-diseases here, where it is no rarity for a child to carry about with itself twenty to twenty-six ascarides lumbricoides half a foot long. For an ounce of santonine I am obliged to pay one dollar. The oculists generally travel about the country, and shortly since an individual by the name of "Charles von Heintye," from Berlin, arrived here with a little electrical apparatus from Buffalo, where he had studied with Prof. Griswold, who five years ago was working upon a railroad. In Buffalo street one may read "R. Stoll-Deitscher Dogter." This man was formerly a shepherd in Meiningen, and has certainly forwarded more into the land of the hereafter than ever the world-renowned old Anton of the Leichenhaus at Vienna saw dissections. He possesses the seventh book of Moses, looks at the urine, and gives, generally, three bottles of medicine at once. He loves me no better than German orthography; for, by way of a joke, I sent him the urine of my Tom. He examined it, and said, "This man is very sick;" while that very day the good horse had gone with me to Waterford and back, a distance of thirty Since then the "Deitscher Dogter" drinks more whiskey than ever. A month ago I became acquainted with the great Indian Doctor Jakson, who used to be a clerk in a store, and now wears a beard like the Zouaves, whose personal acquaintance I was obliged to make last summer in Italy. At every place he changes his name and dress, like a chameleon. He had given two ounces of the tincture of belladonna to a phthisical patient, and you may well imagine with what symptoms the miserable man came to his end. When I was summoned, and called the "Indian" to account, he drew a revolver, so that I was obliged to call for help to escape, and to put him out of the house. Since then, he is no more seen in our city. In Rochester, a quack by the name of Hang delivered a child with a rope. The head was torn from the body, and Dr. Hang now sits He confesses, indeed, that he never studied, but in prison. says he learned a good deal from books. Last week there

came to me a farmer from Fairview. It was a real 'clinical' case of ozena syphilitica. The 'most skilful' doctor here had prescribed for him all sorts of snuff for two years, till finally his nose fell in like a tent in a storm. No one suspected syphilis. A Dr. Leichmann, of M., gave forty-five grains of calomel in pneumonia, a short time since. This communication will perhaps interest Oppolzer and Skoda. The patient, who took this dose three times, recovered, to be sure, but lost all his teeth. Setons and issues I found here upon the most delicate ladies, and every respectable patient wears blisters of all sorts. On the other hand, no leeches are used. I impart these facts for the edification of the German medical world, and stand responsible for every word."

(From the Cincinnati Lancet & Observer.)

Boston, Mass., September 11, 1860.

MESSRS. EDITORS:—The subject of physical education or training is receiving considerable attention at the present time, from those who are in a measure responsible for the education of the youth of the country.

At the last commencement of Amherst College, the corporation established a new professorship of physical educa-This will include instruction in gymnastics, having especial reference to the exercise and development of the body, rather than the performance of great feats of skill and strength; also in elocution, so far as it relates to the training of the vocal organs, and the movements of the body in oratory; and in hygiene, so that the student may thoroughly understand the physiological laws of his being, in their application to the preservation of his health. Dr. John W. Hooker, son of Dr. Worthington Hooker, of New Haven, has been appointed professor in this new department. Dr. Hooker is a graduate of Yale College and Medical School, and has visited the best institutions of A spacious gymnasium, provided with all necessary apparatus, has been erected. This is truly taking a

step in the right direction. It is hoped that similar institutions will follow, and not let Amherst be alone in her glory.

Boston is waking up on this subject. At the thirty-first annual meeting of the American Institute of Instruction, held in this city in August, the subject of calisthenics and gymnastics was fully discussed, and a new impetus was given to it; so that teachers, medical men, and others are becoming more and more interested. Exhibitions of this system were given by teachers and pupils; many of the latter, when they first submitted themselves to this method of training, were far below the standard of health, feeble and puny, with a want of a full development of the muscular system, but who are now robust and active in all of their motive and intellectual powers. Girls who could walk but a short distance without experiencing extreme fatigue, after three months devoted to these exercises, in addition to their studies, can run three miles each morning, and not feel any inconvenience. In six months they will easily make their six miles, before their morning meal. To-day the Superintendent of Public Schools of this city, in his semi-annual report, has brought this whole subject before the School Board. As this Board is composed largely of physicians, I have no doubt it will receive the earnest attention that it deserves. Hitherto the object of educators has been to look after the moral and intellectual training of the pupils of our schools. The time has now arrived when the physical organization should be perfected, in conjunction with the mental faculties; otherwise, there is danger of deterioration in the development of the children of our cities.

The Superintendent in his report says, after speaking of the protection of health in schools, etc., that "The principal remedy which I would suggest is the introduction into all grades of our schools of a thorough system of physical training, as a part of the school culture. Let a part of the school time of each day be devoted to the practice of calisthenic and gymnastic exercises, in which every pupil shall be required to participate." Physicians can do much in cities, in the formation of this hygienic reform.

Subscriptions are now going on in behalf of a class of individuals who have seen better days, but are now the subjects of charity. We have homes for the orphan, homes of reform for the erring and criminal, and a provision for aged women: it is now proposed to provide a home for aged men. This is an act of humanity deserving of support.

On the Preservation of Leeches.

[From the Druggists' Circular.]

Hospitals and vendors have endeavored to derive advantage from leeches by making them serve several times, and especially by preserving them; yet I believe even now a leech is seldom employed twice, the mode adopted and recommended in all books for cleansing them after they have been used being generally fatal. When I was house surgeon to the County Infirmary, Carlisle, I made numerous experiments to see how often and how long leeches could be employed and preserved without death; for this purpose a small glass vessel was used, in the bottom of which was placed about three inches of peaty earth, and twelve leeches, and then half filled with water, the mouth being secured with a coarse rag. These leeches lived in health for a year with only one or two deaths, many of them being employed twice in one day; but after being used, instead of putting them in salt, or vinegar and water, as usually done, they were placed for a few seconds in the camphor mixture of the Pharmacopœia, and afterwards washed in cold water, avoiding too much contact with the hands. But the apparatus par excellence for preserving leeches, is the one introduced by M. Vayson, an eminent French breeder, and called by him the "Domestic Marsh." This consists simply of an earthenware vessel in the form of a truncated cone reversed, the lower extremity of which is pierced with a few holes sufficiently narrow not to allow the leech to pass

through. This vessel is filled with turfy earth, the leeches are placed in it, and they soon instal themselves as well as they can; then the orifice is closed with a coarse cloth. desired to be sent to a great distance, the earth is wetted in all its thickness, and the vessel packed in a basket or box. If desired to preserve them on the same spot, the lower end of the vessel is placed in a tub, the water of which rises to the height of about four inches, and no further care is required. By the process of infiltration the lower strata of the "marsh" are soon wet through, the upper strata remaining dry; between these two extremes the leeches choose the zone most appropriate for them. M. de Quatrefages, by whom the above was brought before the French Academy, has kept and bred leeches in this way for two years with no deaths. This would lead us to believe that leeches do not live on the blood of animals, but on the infusoria.

The object of this communication is to recall attention to the fact that "lesches need never be thrown away"; and that hospitals and vendors may be induced to adopt this simple contrivance of M. Vayson, and thus make further experiments on the keeping and breeding of these very useful little creatures; for, as I have shown, they can be kept healthy and employed many times consecutively, if properly treated.

On the Treatment of Pneumonia.

The author endeavors to prove, by means of statistics, that the purely expectant treatment of pneumonia has by no means given, at all times and places, those favorable results which its advocates boast of. The indiscriminate use of general bleeding, he believes, is just as injudicious as the exclusive adoption of the expectant plan.

In every epidemic, it is necessary to determine whether blood-letting is applicable or not to each particular case. Venesection is generally to be avoided in cases where the blood is in an anemic or dissolute condition, as for instance

in drunkards. In the General Hospital, at Copenhagen, the acetate of lead is frequently used in such cases. fessor Christensen praises this remedy very highly, and had ample opportunity of testing its value, as cases of pneumonia in debilitated individuals are of common occurrence in the hospital referred to. Professor Christensen believes the acetate of lead to be one of the most efficacious means in the treatment of pneumonia, and prescribes it generally in combination with quinine, one grain of each every two If the cough is very violent, opium is added instead of the quinine. Dr. Bramsen has used acetate of lead, especially in the treatment of pneumonia in very young children, and has been very successful with it. Brandes, who tried the remedy in doses of half a grain in children of one to eight years of age, has obtained results equally favorable, and he extols particularly its calming properties in this disease. - Virchow's Archiv.

THE HUNTER STATUE.—At the last meeting of the Committee for erecting a statue to the memory of our great physiologist, Mr. South reported that he had received a letter from Dr. Henry Bowditch, of Boston, U.S., from which we extract the following:

"I send by my excellent young friend, Dr. Parks, of this city, what I hope will prove only the first instalment of the American contribution to the Hunter memorial, viz., £45. Perhaps you may be aware that at the late meeting of the American Medical Association, a National Committee was appointed to collect for the Hunter Testimonial. The money I now send by this opportunity (although it will be a part, I trust, of a large fund) was collected in the 'Old Bay State,' without reference to the nation."

Mr. Weekes, the eminent sculptor, has already commenced his work, and from what we know of him, there is no doubt the subject in question will be one of his happiest efforts.—British Medical Journal.

Translations from the German.

[By D. S. GANS, M. D., Cincinnati, O.]

Alterations in the weight of New-Born Children.—The frequent decrease of the turgor vitalis of the child is easily explained, according to Dr. Breslau's observations, by the decrease of the weight of new-born children, which probably depends upon the fat and water of the infantile body. He found:

- 1. A decrease of weight in 61 per cent. of the children—weighing them when they left the hospital, and comparing it with the weight immediately after birth.
- 2. Increase is oftener found in girls than boys; and decrease is shown more in boys than in girls, which may stand in connection with the known greater mortality of boys in comparison with the girls. The increase: average for the girls, 1-19th, for the boys, 1-21 per cent. of their weight; the increase for the former, 1-14th, for the latter, 1-16th per cent. A fact which seems to justify the belief, although against the general opinion, that disintegration of tissue is greater in new-born girls than in boys.
- 3. The manner of feeding has an unquestionable influence upon the increase or decrease of the weight. Those nourished with artificial food (twenty-two in number) all decreased in weight, except one girl, whilst only forty-nine of those receiving the natural food decreased.

These observations were made on healthy children with healthy mothers.—Monats-schrift fur Geburtskunde, Berlin.

COLD VERSUS HEAT.—The annual deaths by cold and by burns in this country follow a curious law of progression when their frequency is compared with the temperature of the year. Thus the temperature of 1855 was low, and in that year deaths by cold amounted to 195, and deaths by burns and scalds to 3,177; and in the year 1857, the temperature being high, the deaths by cold did not exceed 45, and by burns 2,717.—Lancet.

Interlopers in the Regular Profession of Medicine.

[From the St. Louis Medical and Surgical Journal.]

"Envy to which the ignoble mind's a slave,
Is emulation in the learned or brave."

The liberal physician, in the spirit of true dignity, rises above petty strife, and the bitterness of enemies, or the desertion of false friends. There is no smoldering selfishness in his bosom, but a heart full of love for suffering humanity, which feels as intensely for the poor as for the rich!

But the "interloping empiric" resorts to "crooked devices and low arts," from a fraudulent desire to further his own selfish ends. Filthy lucre is his God, and like Prometheus of old, he will steal fire from Heaven, in order to win upon the credulity of a confiding wealthy patient, or influential friends!!

It is right and proper that every physician should labor to gain the confidence of his patients and their friends; but this effort should not be made at the sacrifice of proper self-respect, nor professional honor.

"In their relations with the sick, physicians are bound, by every consideration of duty, to exercise the greatest kindness with the greatest circumspection. * * * * * * They should study, also, in their deportment, so to unite tenderness with firmness, and condescension with authority, as to inspire the minds of their patients with gratitude, respect and confidence." But they should not manifest to influential families a contemptible cringing and truckling spirit, in order to gain practice!!

"Frequent visits to the sick are in general requisite, since they enable the physician to arrive at a more perfect knowledge of the disease,—to meet promptly every change which may occur, and also tend to preserve the confidence of the patient. But unnecessary visits are to be avoided, as they give useless anxiety to the patient, tend to diminish the authority of the physician, and render him liable to be suspected of interested motives."

It is degrading in a physician "to magnify the importance of his services in the treatment or cure of the disease."

"Medicine is a liberal profession, and those admitted into its ranks should found their expectations of practice upon the extent of their qualifications, not on intrigue or artifice."

If Dr. A., while attending a patient, should find it necessary to turn over the case to Dr. B., the latter should act with great circumspection; "no disingenuous hints" should be cast to prejudice the patient or his friends against Dr. A.; "nor any course of conduct pursued that may directly or indirectly tend to diminish the trust reposed in" Dr. A. "No unjust and illiberal insinuations should be thrown out in relation to the conduct or practice previously pursued." But, on the contrary, Dr. A.'s conduct "should be justified as far as candor, and a regard for truth and probity, will permit."

I have thus embodied briefly some of the leading rules adopted by the American Medical Association in their code of Medical Ethics. These principles and regulations are sound and just, and yet there are interlopers and intriguers in the regular profession, who, when called upon to attend the patient of a fellow-practitioner in his absence, will tell the family that "Dr. J. had entirely misjudged the disease; that instead of the cough proceeding from irritation of the stomach, the case is one of consumption; and that it was most fortunate HE was called in! or the case must have re-

sulted fatally"!!

Permit me, like Junius to Lord Mansfield, "pay a just tribute to Scotch sincerity: I own I am not apt to confide in the professions of gentlemen of that country, and when they smile, I feel an involuntary emotion to guard myself against mischief"!!! This interloper watches the case with a great deal of tender affection—even sheds many tears, and claims to have been "an instrument in the hands of an all-wise Providence, in saving the life of one of the most promising children he ever saw"!!!

"Let no mean jealousies pervert your mind, A blemish in another's fame to find; Be grateful for the gifts that you possess, Nor deem a rival's merit makes you less."

But the sordid spirit, like the Wolf and the Lamb in

Æsop's fables, unable to argue against truth, and yet determined to eat the innocent Lamb; "Sirrah, says he, if it was not you, it was your father, and that's all one; and so saying, rushed upon the Lamb, and devoured him."

"Injustice can always find a plea."

MEDICUS.

· An Interesting Case of Nephritis-

[From the St. Louis Medical and Surgical Journal.]

June 11th—Was called to see William Montgomery, et. about 33 years, a heavy made man of low stature. symptoms presenting themselves on my first visit to him were as follows: severe pain over the eyes and in the region of the frontal sinuses; great obstruction about the nasal cavities, and attended with distressing dyspnœa; fever high, vomiting of bilious matter; bowels somewhat constipated, urine scanty and of a straw color. I prepared and ordered to be taken that night five cathartic pills; also ordered the warm bath. I visited him next day, found the cathartic had acted, and the pain over the eyes and the dyspnœa to some extent relieved; but I found on this my second visit considerable cedema and puffiness about the face and eves. There was also considerable soreness about the fauces and tonsils, some elongation of the uvula, &c. I then prescribed in addition to what I had done the inhalation of steam by the nostrils, a gargle for the throat of capsicum, tannin and sage-tea, poultices and fomentations for the face of various kinds, and a wash of a solution of acetus plumbi.

On the next visit, June 13th, I was called again in haste to see him, in company with Dr. Chapman; the swelling of the face had greatly increased, assuming somewhat of an erysipelatous character, and feeling upon pressure as though fluid were infiltrated into the areolar tissue, and the pulse was of that peculiar character called a chorded pulse by authors, the skin assuming the washerwoman appearance. In addition to these symptoms already detailed, there were

most distressing and excruciating pains running down the inner part of the thighs and legs; this led me to suppose that there must be some cause behind to give rise to these symptoms. On a closer examination, we found considerable pain and tenderness in the back over the region of the kidneys, but yet there was nothing so positive but that we were in some doubt as to the diagnosis. We ordered for him another cathartic, and local treatment as before, with perhaps some additional remedies.

On my next visit there was no change in the symptoms for the better; and the friends of the patient having sent for Dr. Sanford of Keokuk, I waited until he came. examined him together, found the tenderness over the kidneys considerably greater than it had been upon the previous day; fever higher; puffiness and anasarca of the face greatly increased. We also learned from the patient that for months previous to his attack there had been an involuntary dribbling of urine when he would be walking about, or attending to his ordinary labor. There was at this visit great nausea, and ejecting from the stomach quantities of We ordered him cupped over the kidneys to the quantity of several ounces, and a prescription composed of vinum colchici seminis, oz. i; veratrum viride, dram i; mucilaginous acacia, oz. iss; liquor potassa, oz. iss-to be taken every two or three hours, as the stomach would bear. The cupping, together with the above prescription, was kept up for two days, when the cupping was discontinued and a large blister applied over the region of the kidneys. But all our remedies seemed to prove of no avail. He continued growing worse until about the eleventh day, when he sank into a collapsed condition, the surface of the body bedewed with a cold, clammy perspiration; coldness of the skin; the surface of a peculiar livid hue, and he seemed to die like one laboring under a congestive chill.

I would be glad to have your opinion on this case, whether you think all the symptoms presented—here detailed—would arise from retained poisons in the blood, which the diseased organ failed to eliminate. I omitted to

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nec

200

, de lood ed tr state in the proper connection that delirium was present through nearly the entire progress of the disease, and towards the termination of life comatose symptoms supervened. I suppose all these symptoms arose from the poison in the blood diffusing itself upon the brain and the nervous system. I would also state that in the last stages he voided urine more frequently, but in very small quantities and highly colored.

On the Duration of Life among Medical Men.

[From the Medical and Surgical Reporter.]

From the statistics of over 1000 persons of different occupations, who died within the last 100 or 150 years, at an age of at least 80 years, collected by Faber, and communicated to the *Wirtemberg Correspondenzblatt*, we learn that among these long-lived persons, there were—

- 1. Authors and learned without special profession, 86.
- 2. Statesmen and diplomatists, 96.
- 3. Clergymen and theologians of all beliefs, 150.
- 4. Artists, 167 (painters, engravers and sculptors, 72; poets, 42; musicians and composers, 26; actors, dancers and circus riders, 9—among whom were Franconi at 98, Noverre 105, and his two sons at 82 and 83).
 - 5. Military, 190 (army, 159; navy, 31).
- 6. Naturalists and physicians, 192 (naturalists and physicians not in practice, 58; practising physicians, 134—of whom there were 3 over 100; 15 between 90 and 100; and 116 between 80 and 90 years at their death).

Now, though we do not accord to these statistics completeness in themselves, nor regard them as proper foundation for generalizations, we may surely draw from the above combination of ages the satisfactory result that the duration of life among physicians is by no means as limited as so many authors (Konig, Villerme, Deneufville, Hufeland, Escherich, Zeeman, &c., &c.) affirm.

Circular.

The undersigned proposes to issue a yearly volume with the following title: Year Book of American Contributions to Medical Sciences and Literature.

It is designed that part first, of each volume, shall comprise an arranged and classified summary of, and index to, all the important and original papers found in the various medical journals of this country, for the year immediately preceding. Part second will comprise a summary of, and index to, all papers found in the published transactions of the National and various State and County Medical Societies. Part third will embrace reviews of all medical books of American authorship, published during the year, with a summary of all the novelties in opinion or practice therein.

To the above plan and arrangement, such other additions shall be made as time and circumstances may suggest. The first volume will be issued early in the spring of 1861.

In the preparation of our Summary of American Medical Journalism, for the A. M. Monthly, we have solicited a copy of all medical journals published in this country; the American Journal of Medical Sciences, the N. O. Medical and Surgical Journal, the Ohio Medical and Surgical Journal, and the American Medical Times, are the only ones that have failed to comply with the request. To facilitate our design, we request an exchange with all American medical journals, to be sent to our address as issued. All medical societies who publish their transactions will, we trust, be kind enough to send their transactions to us. Publishers of medical books, particularly of American authorship, are earnestly requested to send, so soon as issued, all books of the character as above.

The importance of a work of the character as above, for the information of the profession, and for the honor and dignity of American medicine, will readily be conceded by all. We cannot prepare the work and publish it at a pecuniary loss, and, hence, the object of this circular is to request that all physicians who would encourage the work and become subscribers to the same, would send us their names at once—payment to be made only on the publication of the work. The work shall contain from 500 to 1000 pages, be substantially bound, and furnished at the low price of three dollars. That we may know whether the work is to receive sufficient encouragement to justify its completion and publication, we request that subscribers' names may be sent in immediately. As a special favor and encouragement of this truly national enterprise, we would request that all, medical journals of this country would copy our circular.

To editors and publishers we would say that it is designed that our *Year Book* shall commence its gleanings from the year 1860. Journal editors and book publishers will remember this, in sending their respective publications to our address.

All books, journals, published transactions, and names of subscribers, should be directed to

O. C. GIBBS, M. D., Frewsburg, Chautauque Co., N. Y.

Treatment of Gleet.

Every one knows how tiresome and difficult to cure a gleet may become, and how weary of each other both patient and surgeon grow in consequence. A little "dodge," which may not have yet crossed the channel, and which I have seen succeed here, when the whole armament of balsamics, injections and derivatives, had failed, is the following: Take a moderate sized wax bougie (the common yellow wax ones are the best), warm it slightly, and then roll it for a few seconds in well-powdered alum; when thoroughly whitened with the salt, roll it between the hands, so as to press the alum well into the wax, and the instrument is Make the patient micturate previously, and ready for use. then pass your bougie, without the assistance of oil or cerate, as far as may be deemed advisable, cutting it off to within an inch of the orifice of the meatus, where it may be tied or not, and left for one hour each day. In this way

a tiresome and refractory old gleet may be cured in ten days.—Correspondent London Journal.

Dr. Hackenberg, of Springfield, Ohio, in a paper "on the local treatment of gleet by compression," in the N. A. Med.-Chir. Review, for September, 1860, recommends a treatment somewhat similar. He says: "The remedy that will fulfill in a great measure the indication in question, is gentle and prolonged compression by distension of the ure-The instrument which I use for this purpose is made of different sizes, and is composed of ivory, or horn highly polished, and is simply a short bougie with a button or shoulder turned at one end to prevent it from slipping into the urethra. The following method may be observed in its use: Before its introduction, at bed time, the urethra should be well washed out with castile soap and water, followed by a mildly astringent lotion; an instrument of a size which will well fill the urethra, is then oiled, and with gentleness introduced. In a short time the passage will accurately and tenaciously grasp the instrument, and it is retained for the night without support or bandage. morning it is removed, followed by another cleansing process, which is repeated occasionally through the day. application should be renewed every third or fourth night, until the cure is accomplished, which will occur after the third or sixth application. In removing the instrument in the morning, there is sometimes a difficulty in getting it out of the urethra—so firmly is it held within its grasp. gentle rotatory movement, however, will soon disengage it, its exit being then readily accomplished by traction.

LIGATION OF THE RIGHT SUB-CLAVIAN ARTERY.—The London Medical Review states, that on the 26th of June last, Mr. Paget tied the right sub-clavian artery for axillary aneurism. There was scarcely any hemorrhage, and the patient, an aged man, was conveyed from the operating theatre perfectly conscious and collected. The pulsation in the aneurism ceased entirely on the knot being tied.

NEW TREATMENT FOR CONGESTIVE CHILLS.—In the New Orleans Medical News and Hospital Gazette for April, Dr. J. E. Keator reports a case of congestive chill, of almost hopeless character, which was promptly relieved by the internal administration of chloroform. He says, "I commenced by giving five drops in a little water. Within less than two minutes after the dose was swallowed the girl remarked that the burning at her stomach was gone, the vomiting ceased, and she seemed to rest a little. I continued giving it at intervals of from ten to fifteen minutes, for nearly two hours, in the same quantity as at first, and each time had the satisfaction of hearing from the lips of the patient herself, that it made her stomach feel so much better that she wanted more of it. At the end of two hours the pulse was full and strong at the wrist, the extremities were warm, and reaction was fully established." Quinine, in full doses, was next administered, another chill prevented, and the patient soon restored to health.

PRESERVATIVE FLUID.—Dr. Passini recommends the following as an antiseptic mixture for the preservation of blood globules, nerves, ganglions, the retina, and the white tissues generally: Protochloride of mercury, 1 part; chloride of sodium, 2 parts; glycerine, 13 parts; and distilled water, 113 parts.—Boston Med. & Surg. Jour.

TEST FOR GLYCERINE.—The Bulletin de Therapeutics says that the purity of glycerine may be tested by dropping into a glass of it a few drops of the nitrate of silver. If, as is often the case, the glycerine contains any chlorides, there will immediately take place a cheesy precipitate.

The Cincinnati Lancet and Observer says that Dr. Meredith Reese will soon put to press a "new and enlarged edition" of his medical lexicon.

EDITORIAL AND MISCELLANY.

Middle Georgia Medical College.

The board of trustees of this College, acting under the requisitions of the charter, have organized a Faculty under very favorable auspices; and as the result of the combined experience, talent and assiduity of these teachers, we must soon see an institution fully adequate to our demands, and of which the sunny South will feel proud.

The Faculty will make no innovation upon the usual mode of teaching, or alterations in the general course, except wherein convinced it will promote the facilities for learning.

The regular lecture term will continue four months, commencing the first Monday in November. One beneficiary from each judicial district will be received free of charge.

The location of this College in Griffin, a city famous for the morality and intelligence of its citizens, must insure for the Institution a large and respectable class.

Hunter Monument.

The remains of the distinguished votary of science, John Hunter, have been exhumed and placed in Westminster Abbey, and it is proposed that a becoming monument be erected to his memory by the members of the medical profession.

At the last meeting of the American Medical Association a committee, consisting of one from each State, was appointed to carry into execution the following:

Resolved, That it be recommended to the different States to collect subscriptions of not more than one dollar each, from every regularly educated physician, to aid in the erection of a monument about to be placed in Westminster Abbey to the memory of John Hunter; all moneys collected to be forwarded to the chairman of the committee

hereby appointed. This is a laudable enterprise, and should, and doubtless will, receive not only the aid of all true and regular physicians in America, but throughout the world.

Hypophosphites in Pulmonary Phthisis and Tubercular Diseases. New York.

The second edition of a monograph of 144 pages, with appendices entitled "Treatise on the Immediate Cause and the Specific Treatment of Pulmonary Phthisis and Tubercular Diseases. By J. Francis Churchill, D. M. P., graduate of the Paris School of Medicine," etc. Translated by a physician, and issued from the publishing house of J. Winchester, New York. A copy of which we have before us.

The author in this work has submitted for the consideration of the "Academy" several memoranda giving the results of the treatment of forty-one cases of Phthisis by the Hypophosphites. Concerning the value of this new discovery we are not prepared to speak from experience. Its first announcement was, we believe, received with disfavor, as is always the case with any discovery, though opposition seems disappearing under the accumulating evidences of its efficacy.

"The duty of every physician," says the author, "as soon as he has arrived at a certain practical conclusion, is to publish it, because it interests both the health and life of mankind. For the reason, also, that the existence of his fellow-beings depends upon it, he should advance nothing without due consideration. It is only when the truth of any new hypothesis is firmly established in his own mind, that he should endeavor to influence its adoption by others. A different course results only in discredit, and reacts injuriously upon the cause of science."

In this case the author seems to have bestowed sufficient consideration to inspire confidence enough in his plan of treatment to induce every medical man to give it a fair trial. The ill success of former methods of treatment in pulmonary affections induced the opinion, which is now pretty general, that consumption is incurable; and if Dr. Churchill, in his ardent researches, has discovered a prevention and a cure of this greatest scourge of the human race, he is truly a benefactor.

"The search for truth in medicine is of itself so difficult, that we should endeavor to avoid, as much as possible, impeding it by obstacles that do not depend upon the investigation of the subject itself."

Large Babies

A New Hampshire correspondent, writing to the Boston Medical and Surgical Journal in regard to a notice that appeared in that journal, some time back, of a pair of twins weighing 17 lbs. and 5 ounces, says New Hampshire can beat that easily. Says he lately delivered a lady of a boy weighing 8 3-4 lbs. and a girl weighing 10 lbs., making 18 3-4 lbs. of babies, all, he reports, "doing well."

Georgia—perhaps dissimilar to New Hampshire in this respect—is by no means desirous of obtaining such celebrity, as we think it savors some of the libidinous, but is just a little ahead on the "baby question."

A negro girl in this county, (Washington), of medium stature and but nineteen years old, was delivered the first of this year of two girls, one weighing 9 3-4 lbs. and the other 9 1-4 lbs., both of which are still living, and bear such striking resemblance to each other as to perplex even the mother at times to distinguish them apart. The mother of the girl gave birth to seventeen children—eight of them at four accouchements, and she herself was one of a pair of twins.

While upon this subject, and to corroborate the statement that ours is a prolific State, we will mention that a lady in this county some two years ago gave birth to three children, but neither of them, we believe, are now living.

MEDICAL AND SURGICAL REPORTER.—The above medical weekly enters upon its fifth volume enlarged and in new type, and betrays no signs of degeneracy on the part of its editors, either in point of talent or assiduity. We perceive it has added to its editorial strength Dr. C. F. J. Lahlbach, as assistant.

The Reporter is a staunch journal, pursues the even tenor of its way, and maintains a high position in the medical world.

SUMMARY OF MEDICAL SCIENCE.—Dr. Walter S. Wells, of New York, the author of *Braithwaite's Retrospect*, is about starting a periodical with the above title.

Prof. S. D. Gross' American Medical Biography, to consist of memoirs of distinguished physicians and surgeons, will soon be issued by Lindsay & Blakiston.

Year Book of American Contributions to Medical Science and Literature, is the caption of a circular of Dr. O. C. Gibbs, to be found on another page. The circular explains itself.

DILUTED TINCTURE OF ALOES IN GONORRHEA.—A correspondent of the *Lancet*, writing from Paris, says that Dr. Gamberini, of Bologna, has treated Gonorrhea successfully by means of diluted tincture of aloes. The formula is

R. Tinct. aloes, drams iv.;
Aquæ ad., oz. iv.
M. Ft. lotio; ter in die injectend.

The St. Joseph's Medical and Surgical Journal reports a verdict of \$2,500 damages for mal-practice in that county. The verdict was against a physician, on the suit of a young man who had oblique fracture of the middle third of the os femoris.

STRAMONIUM IN NEURALGIA.—A writer in the Chicago Medical Examiner, (Dr. Young, of Wisconsin), speaks very highly of stramonium in the treatment of neuralgia. This narcotic, though sometimes used in this disease, is, as he says, by no means a common remedy.

He mentions cases he treated in which quinine, carb. iron, opium, aconite and chloroform had been used without success, and says he has yet to meet with the first instance

that has failed to yield to stramonium.

The mode in which he administers it in the intermittent form of the disease is, gr. j. of Tilden's Ext. Stramon. Fol., every two or three hours during the intermission, until the system is decidedly affected—not generally found necessary to be repeated. Beyond the temporary effects following the administration, he has never seen the slightest inconvenience result from its use.

RELATION OF ALCOHOL TO DISEASE.—Chemical experiments have demonstrated that the action of alcohol on the digestive fluid is to destroy its active principle—the pepsin; thus confirming the observations of physiologists, that its use gives rise to the most serious disorders of the stomach, and the most malignant aberations of the entire economy. It is evident that, so far from being the conservator of health, alcohol is an active and powerful cause of disease. Interfering as it does with the respiration, the circulation, and the nutrition, how is any other result possible? Nothing can be more certain than that:

It is a powerful antagonist of the digestive process.

It prevents the natural changes going on in the blood.

It impedes the liberation of carbonic acid—a deadly poison.

It obstructs the nutritive and reparative functions.

It produces disease of the liver.

It has a powerful affinity for the substance of the brain—being indeed essentially a brain poison.—Alcohol and the Constitution of Man, by Professor E. L. Youmans.

CASE OF TWINS, ONE OF WHICH WAS BORN ENVELOPED IN THE MEMBRANES.—The patient in this case was a negro woman. It is reported by Dr. E. W. Woodson, of Woodville, Ky., in the October number of the American Journal of Medical Sciences.

The midwife, supposing the child to be dead, deposited it in a vessel without rupturing the membranes, and set it away until the doctor arrived, which was at least fifteen minutes after delivery. The rest we give in Dr. W.'s own language:—"As soon as I entered the room she related what had happened, and presented the vessel for me to inspect. I at once ruptured the membranes and found the cord still pulsating. I removed the child and succeeded in resuscitating it by using friction, artificial respiration, &c. I allowed the cord to remain untouched as long as it pulsated. The child was perfectly livid and apparently dead when I commenced to work with it. The breathing was at first gasping and at long intervals, but finally became regular and quiet. The child lived and did well."—Medical and Surgical Reporter.

An exchange paper says: "Elder Kimball, one of the Mormon saints, had fourteen children born to him in one night." The *Medical and Surgical Reporter* comments: "Those who believe in the uniform duration of the period of gestation will naturally retrospect two hundred and eighty days."

MEDICAL GRADUATES FOR THE YEAR 1860.—As far as reported there have been 1497 graduates in medicine turned out by the various medical colleges in the United States, this year. If the list were completed it would probably swell the number to about 1600.

A saucer full of chloride of lime moistened with a few drops of vinegar and water will purify the atmosphere of a sick room in a few minutes. CHANGE OF LIFE IN THE FEMALE.—Dr. Tilt, who has had large experience in such matters, fixes forty-six as the age at which a cessation of menstruation may be expected; and the period of thirty-two years as the average duration of female fecundity. There are, however, many cases of deviation from this general rule. In some rare instances menstruation continues up to sixty-five, and impregnation even at this late period. He thinks, also, that pregnancy late in life is sometimes mistaken for ovarian tumor, and the fœtus destroyed by the treatment instituted.—St. Louis Medical and Surgical Journal.

A NEW MEDICAL DEGREE.—The American Medical Gazette states that the University of Edinburgh has founded a new degree for those Bachelors of Medicine who qualify themselves to be surgeons only. The title is C. M., or Masters in Chirurgery. We doubt the propriety of this; to be a good surgeon one must have a thorough understanding of the principles of medicine. It is in fact by the application of these principles of medicine to surgery, that has made the latter what it is, compared with what it was. The M. D. covers the whole ground, and is therefore preferable.—St. Louis Medical and Surgical Journal.

NEW CURE FOR TETANUS.—In a severe case of tetanus with opisthotonos, "M. Prescheux took the idea into his head of injecting into the neck at the median line a subcutaneous injection of sulphate of atropine. The poisonous qualities of the atropine were well marked, but with them had also disappeared the tetanic symptoms."—Medical News and Library.

Aconite in Rheumatism.—Dr. Claiborne, of Petersburg, Virginia, reports to the *Maryland and Virginia Medical Journal* his success in the treatment of rheumatism by aconite.

MIDDLE GEORGIA MEDICAL COLLEGE.

THE annual course of Lectures in this Institution will commence on the first Monday in November next, and continue four months.

Faculty.

J. M. COUCH, M. D.,

Professor of Anatomy, and Demonstrator.

J. T. BANKS, M. D., Professor of Surgery.

J. F. WRIGHT, M. D.,

Professor of Materia Medica, Therapeutics and Medical Jurisprudence.

L. M. TYE, M. D.,

Professor of Physiology and Pathological Anatomy.

E. F. KNOTT, M. D.,

Professor of Institutes and Practice of Medicine.

WM. A. ROGERS, A. M., Professor of Medical Chemistry.

S. H. SAUNDERS, M. D.,

Professor of Obstetrics and Diseases of Women and Children, an Dean of the Faculty.

FEES.—Matriculation Fee, \$5,00; Professor's Tickets, (each) \$15,00; Dissecting Ticket, \$10,00; Diploma Fee, \$25,00.

Griffin, Georgia, July 1, 1860.

LOUIS V. HELMOLD,

SURGICAL INSTRUMENT MAKER,

NO. 135 SOUTH TENTH STREET,

(Opposite the Jefferson Medical College.)

PHILADELPHIA,

Manufactures and keeps constantly on hand a general assortment of

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GEORGIA Medical and Surgical ENCYCLOPEDIA.

EDITED BY
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Lege totum, si vis scire totum.

VOL. I.

NOVEMBER, 1860.

NO. 7.

SANDERSVILLE, GEORGIA:
PRINTED BY J. M. G. MEDLOCK, MASONIC HALL BUILDING.
1860.

PUBLISHED MONTHLY.

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GEORGIA

Medical and Surgical Encyclopedia.

VOL. I.]

NOVEMBER, 1860.

[NO. 7.

ORIGINAL COMMUNICATIONS.

INDIGESTION.

BY TOM W. NEWSOME, M. D., SANDERSVILLE, GA.

(Concluded from page 246.)

The sympathetic connections between the stomach and the other organs of the body, are but so many proofs of the harmony in nature. Thus, we observe the functions of assimilation going on in perfect health no longer than the stomach digests well, and a defective elimination of effete matter invariably results in diseased action of the stomach. Hence, how difficult must it be to disturb one organ of the body without modifying or deranging, in some degree, the action of another. Man, for the sake of perfect health, must therefore maintain an equilibrium or just poise among the organs of digestion; and if this balance be destroyed, either by deficient or excessive supply of material necessary to the support of the machine of life, so to speak, disease, in one of its many forms, must inevitably manifest itself.

A disordered state of the duodenum—duodenal dyspepsia being the next species we are to consider—seldom originates in itself; from its position, it is most generally a consequence of the failure of some other organ to perform its functions.

The functions of the duodenum have been described by some writers as having some analogy to those of the stom-

1

ach, and though we doubt the propriety of terming it a second stomach, as some call it, we treat derangements of this organ as we do those of the stomach, classifying each, of course, according to its morbid condition.

A patient affected with duodenal dyspepsia in the atonic form seldom, or perhaps never, tells the physician anything is wrong about the digestive apparatus-invariably says his appetite is good, and indeed it may be the case that it is almost ravenous. He may complain of depression of spirits, headache at times, or pain about the back or in the limbs, a dampness of the feet and hands, and sometimes of chilli-Dyspnœa, asthmà, and "fluttering of the heart," are common symptoms. The pulse is generally soft, slower than natural, irregular, and sometimes scarcely perceptible to the touch. A young man of our acquaintance, affected with this species of dyspepsia, has acquired a habit of examining his own pulse, and frequently during the day may be seen with fingers upon the radial counting the strokes. He is, at times, afraid to go to sleep, lest, as he apprehends, he might never awake; and during a paroxysm of this nature he takes to bed with him a bottle of liquor, with which remedy, according to his own accounts, he has more than once saved his own life when the pulse stopped. These symptoms occur, of course, sometimes from sympa-The liver is thought by some to produce this species of indigestion, which, we must acknowledge, is sometimes the case; but most generally it is attributable to disordered action of the stomach. Fast eaters are much more liable to it than those who masticate well and perform the act of deglutition slowly, as, by chewing imperfectly and swallowing hurriedly, the duodenum receives ingesta unsuited to the office of its functions. The treatment, to afford present relief, is to unload the duodenum and correct the secretions. If, as is sometimes the case, the duodenum is loaded, from a disordered state of the colon, an aperient is best suited to relieve it. Senna stands first in the category, particularly when given in combination with rhubarb. An enema, when the colon is not at fault, is preferable. Mereurials, of course, are indispensable when the liver's secretions are to be corrected. Administered in the form of a blue pill—three to four grains—is the most efficient mode.

The functions of the duodenum may be made easy and the diseases of this organ mitigated, and in a number of cases cut short, by selecting food easy of digestion, and by taking it in small quantities at intervals, allowing a sufficient time for it to perform its office well, paying nature's calls regularly. The shower bath and cold ablution will also be found highly beneficial as a prophylactic as well as curative means in this order of dyspepsia. All artificial means of this nature should be withheld, however, as soon as we are warranted in doing so, lest by its persistence we increase the disease already set up. A resort to springs of aperient waters of an alterative nature is sometimes necessary in obstinate cases, and, indeed, we are of opinion such a course is frequently more advisable than a long course of drugging.

Between gastric and colonic, and indeed we should say gastro-enteric, dyspepsia, intervenes many species of derangements, which are classified atonic, inflammatory, irritable, etc., according to the seat of the deranged action and the degree of intensity of the disease. We have omitted, however, as will be perceived, to mention many of the different grades as we classified them in the beginning of this series of articles, as, to do the subject of indigestion full justice, would occupy volumes and require labor almost incalculable.

High authority says, in diseases there is nothing absolutely definite; and certainly, if this language is applicable to any species of ills to which human flesh is heir, with which we have met during our career in the healing art, more than another, it is to the various forms of dyspepsia. For this disease, even when combated by the most skilled, marks itself in symptoms so analogous and portraitures so closely resembling those of a kindred malady, as frequently to confound the judgment and baffle the skill of the most learned. To unravel the complications of the symptoms,

and to possess ourselves of a knowledge of when and where to apply the proper remedy, is a duty that belongs to professional acumen. That the importance attached to this disease—considering its many consequences—should entitle it to more consideration and time than we have bestowed upon it, we must acknowledge; but, imperfect as it is, we leave the subject without further apology.

ISOPATHIA.

BY T. G. WALKER, M. D., BUFFALO, N. Y.

The singular belief that diseases may be cured by the disease itself has many votaries, I am sorry to say, all over our land, and even some physicians entertain the same belief. Similis similibus curanter, an old axiom, is always at their tongues' ends; that "the hair of the dog will cure the bite," is the maxim addressed by these aged fogies to the old women where they visit.

These old practitioners seem to think that the profession is fast degenerating. They look upon the young, intelligent, and scientific physician in a haughty, overbearing manner; talk in his presence very profoundly and quite loud, with their mouths stuffed full of tobacco; they strut about, look large and important, and consider themselves the first men in the country.

All the physicians who believe in Isopathia are not of this class, however. But, to my mind, this theory is devoid of common sense. That a man with syphilis can be cured by means of syphilis, may be partly true; but the idea of syphilization! what man in his reason would for a moment think of permitting such a course to be pursued? A man with small-pox to be cured by the administration of small pustules, or the matter taken from them! how utterly absurd. A man with his eye put out by a blow, to have it restored by receiving another! Who believes it? Yet among the ignorant people of this city I see, every day, many who believe that like will cure like, and that, before another half century shall have passed away, all will be-

lieve in Isopathia. Who believes the doctrine? What intelligent man will endeavor to demonstrate similis similibus curanter?

On the first of October last, I was called upon to visit a man who had been bitten by a rattlesnake, and on making inquiry, found that the snake had been killed and the man had eaten it in order to cure himself. But it had done him no good. The parts were dreadfully swollen, and he was suffering terribly. He, however, eventually recovered and gives me no credit for his cure, but ascribes it wholly to his eating the snake.

Source of Cow Pox.—The Medical Times & Gazette says:—"It is said that the source of cow-pox has been discovered almost by accident in the purulent matter of a disease to which horses are liable, and which is known here as water on the legs. One of these horses having been taken to the Veterinary College at Toulouse, the Professor, M. Lafosse, recognized the malady as the source referred to by Jenner, caused a cow to be inoculated with the matter, and was rewarded by soon seeing the vaccine pustules. The produce of the latter has since been tried on several children, under the supervision of the medical officers of Toulouse, and the success is reported as complete. A commission has been appointed to follow out the subject, and it will be a fitting completion of the great work of our countryman, Jenner, if it should really appear that the source of vaccine indicated by him has been discovered by our neighbors, who hold his name in the highest rank of honor."

SELECTIONS.

Rearing Children Physiologically; Rules for Thoughtless Parents-

[From the New York Scalpel.]

All the absolute evils of this world may be said to arise from ignorance and selfishness; perhaps all might be included in the word selfishness, if we give to that term its full and broad signification. Even our purest affections in their manifestation seem often only a desire to please ourselves, without reference to any result beyond the present. There is throughout the world a lack of perception of separate individuality, and of the consequences to that other being, of any course we may pursue. Among men the results of the acts of individuals toward each other and upon the community, have given rise to legislation and to laws.

In each separate family pater-familias (sometimes indeed it is mater familias) constitutes himself and his various moods, the law by which his household is governed; and in many cases his daily emotions of anger or pleasure, disappointment or success, render his rule benign and considerate, or harsh and tyrannical. Many again there are, who, by a steady, moral, unwavering mind, guide the household affairs, and the development of those youthful minds which God has intrusted to their care. To these, and to all, we address ourselves. It is impossible to instruct and develop correctly any two children by the same course of treatment; it is vain to make any system a Procrustean bed; it is inconsistent with the advance of humanity and with true individuality. While in morals there may be an absolute right and wrong, an unwavering adherence to the good and the true, the peculiar method of attainment to this rule is as varied as the minds upon the earth.

The natural faculties of each child are as plain to careful observation as the sun at noon-day; and it is only necessary to know the mental bias of a child to enable us properly to

determine the situation in life to which his or her powers are best adapted.

Let every father, every mother, and all who hope to call themselves parents, forever bear this in mind. Watch the child at its play. Suffer it to play as it will, and note what sports attract it, wherein lies the chief pleasure.

Away with those horrors, infant phenomena. Let nature alone, and do you, ignorant man, keep your great, coarse finger out of the delicate machinery, which, working by and through nature, will, at the proper moment, indicate the course to be pursued, the development which is sought. Permit childhood to guide you in the treatment thereof. Nature is a wise teacher.

At infancy, the healthy body, incapable of progressive motion, demands rest; give then perfect quiet. Man's early life is a mere vegetative existence; the brain, gently pulsating beneath the unformed bone, is not yet the seat of reason, but of instinct; while nature then demands entire repose, or, at the most, passive action, why should a barbarous nurse and ignorant mother array the little form in thick embroidery; display it to the admiring multitude; dandle it with thumping vibrations, or spin it like a boomerang in the air? Why seek the most noisy promenade to confuse it with the uproar? why pound it up and down over hundreds of miles, in the midst of smoke, effluvia, and all the rattle, noise and screams incident to railroad travel? Avoid those abominations called cradles; flee from the rocking of the crib, and all those swinging motions which cannot fail to produce, in a minor degree, those very agreeable sensations, that pleasant lethargy, which seizes upon one when he is taking his first lesson in drunkenness. What a renown would that agriculturist win for himself who should first invent a patent, portable, double action, self-rocking cradle for sucking calves; what an advantage to the bovine race!

When by pure air, and its natural nourishment, [the pure milk of a cow, or a goat, is far better than that of a feeble, passionate, or drunken nurse, when the mother can

not herself nurse her offspring,] the child has become old enough to creep about, down on the floor with it, and let it go; give it a ball or something to creep after, and rest fully content that when tired, the child will cease its play.

Don't hurry the little one to walk; do not encourage it to stand alone; lest bow-legs and weak ankles be the penalty of your too assiduous care, of your selfish desire to see your child walk before nature has decreed it. When the proper time arrives the little hands will seek the tops of chair-seats, the little body will sway to and fro, erect for the first time; soon the first step is taken, and then all is plain.

Keep your books, your illuminated alphabet, your intellectual blocks, and your abortions of toys—caricatures upon nature—toys which it is no harm to fall down and worship, since the like thereof exists neither in heaven above, nor in earth beneath, nor in the water which is under the earth. Let the child play one, two, three; what, says some one four years! and not know a letter! Yea, my good madam, even until it reacheth the age of seven years, would we have the little mind free and unpuzzled; at liberty to observe, to desire, to construct, to play, to make out its own individuality. This is the great attribute of man-play; this divides him from the brute creation; man alone can laugh. Remember that the longer the period of youth, the period of formation, the better, the more healthful, enduring, and longer-lived the man. Of all created beings man is the most helpless at infancy.

Among the Invertebrata, the spinal cord, and the vertebral column are absent, and of these the young are perfect at birth. The Infusoria propagate by gemmation, and by fissuration; thus in an individual of the Infusoria we find a sac inclosing a nucleus; when the time for reproduction arrives, the nucleus divides, the sac also, and each subdivision at the instant of separation, or birth, is fully endowed with every faculty which it shall ever thereafter possess, and each faculty is as perfect as it ever is to be.

Somewhat higher, a good example of gemmation is found

in the Hydra; a number of bud-like excrescences appear at the surface of the body, and are soon like their parent in all external characteristics, possessing mouth and tentacles, and providing for their own wants, although as yet attached to the parent body: at first, indeed, a canal of communication exists between the two, and through this the offspring is partially nourished, but this soon closes up, and the young remain attached or detach themselves at pleasure. The Hydra may be cut in pieces, and each part soon becomes a perfect animal.

Insects lay an egg, from this proceeds the larva—then the chrysalis or fly.

Aquatic birds possess broad, depressed bills, with dentated edges, and soft, sensitive lips, well adapted to obtain small things under water, or worms in the mud. Others have the submaxillary pouch, as a net to seize their prey; and there are still others with sharp bills for piercing, or with long compressed bills, with a terminal incurved beak, for seizing and holding the slippery, scaly fish. And reptiles, with loosely articulated jaws, and slender, recurved teeth, fitted to hold, not to masticate, swallow, like fishes, their prey whole. In the frog, the tongue, the means by which it obtains its livelihood, long, free, bifid, attached by the apex to the under-jaw, loose at the base, covered with papillæ and muciparous follicles, is at the moment the frog enters existence as perfect as it ever becomes.

Observe, that in all this lower and inferior creation, the young, in most cases, are at the moment of birth as perfect, and as well adapted to procure their daily sustenance, as the parent; and in every case, the organs for procuring food require, at the farthest, but a few weeks to become perfectly developed.

Among mammals, the higher condition of the organs of sense assists these animals to perceive minuter differences in the properties of their food, while the nature and fixation of their teeth enable them to pulverize their food and mix with it the saliva.

The pervous system of the lower animals is a single cord

of lengthened axis, and in the worm of only one ganglion. To this succeeds a single or double cord, with ganglia, or knots of nervous matter, varying in situation and number; and in the lower articulate the ganglion, or mass of nervous re-inforcement, is in the center of the body, and is motor in its function. In proportion to the increase of the organs of sense, so is the number of nerves which are distributed from the great nucleus; for example, the larvæ of insects are destitute of vision, smell, and taste; so the brain, more perfect in the grown insect, is in them reduced to cephalic ganglia.

As we advance, we find animals endowed with a superior organization, rendering a higher development, local position, and concentration of brain necessary; and the amphibia have the primitive ganglia, aggregated and enveloped in folds of skin—and this brings us to the mammalia, of which man is the head.

Carpenter says: "Hence we arrive at the general and important conclusion, that the brain, among lower animals, consists of primitive cords, of primitive ganglia upon those cords, and commissures which connect the substances of the adjoining ganglia, and associate their action."

The human fœtus brain passes through all those phases which distinguish the highest from the lowest creation. The carliest indication of the spinal cord is two anterior cords: on the anterior extremity are five swellings, to correspond with the direction of the future cranium; these successively connect and aggregate, until at last we have the human brain, consisting of, and combined from, a number of elements which are more or less diffused among the lower animals, and the wider the diffusion of these elements, and the more frequent the repetition of these little ganglia, the lower is the creature in the scale of being. Still, in his early development, and during these progressive changes which take place in secret, the external form of man is always human.

Play—sport—is then a requisite of man's youth. At the moment of birth, the fish—the reptile—must each procure

its own livelihood; the serious business of life has commenced. The fish becoming hungry, has to look about for some breakfast, and has to procure it for himself or starve; he therefore goes to work, and gets some breakfast. Presently he wants some dinner, then some supper, then more breakfast and more dinner; so that he has no moment for play—no time for sport; all existence is for him a continuous work-day.

But when infant man is hungry, he turns to where kind nature and an affectionate mother have his breakfast, dinner, and supper all prepared for him, ready and awaiting his pleasure; till, when he is no longer an infant, his father and mother with kind watchfulness, have provided for him a table, where during his formative period, during early youth, while he is becoming ready to go out into the world and act for himself and others, he finds food without effort of his own, without any distraction of the healthful effort of the developing powers, to procure it.

Learn of nature a lesson: do not be in too great a hurry to make a profit from the little muscles; do not be continually picking and screwing up the wick of the intellectual lamp; do not be desirous of an infant prodigy; don't be always endeavoring to subdue the hearty joyous tone, even if the child is boisterous; recollect that the lungs are the life. If you place the child in strait jackets, and hush him down, give him a soft voice and an exquisite gentle demeanor, you will in truth subdue him; keep up the process, you will find the next generation more easily subdued; the third generation will be born subdued, and the fourth generation—well—there won't be any fourth generation; the subjugation will have been completed.

So cultivate the child that he or she shall become a man or a woman; a being who will enjoy life, whose every bodily faculty shall be full of tone and spirit and fire, whose lungs shall breathe deep and full inspirations, whose heart shall throb with strong pulsation, whose stomach shall receive and dissolve plain and wholesome food, whose clear eye, devoid of the dark circle beneath, and free from the

turgid gland, shall show the night devoted to life-giving sleep; whose erect head and broad shoulders proclaim there is no fear. Renounce your process of refining, and know that a mind in such a body, will in a second grasp truths over which the feeble body long pores, and conceive plans, and execute them, too, such as the mind in a weakly body either fails to comprehend, or, understanding, has no power to bring to a successful issue. Let your child play, then. See him with something that he can break! See how he bends it, and with sparkling eyes and ear thrown forward, listens for the ominous c-r-r-rack! It is music to his ear. "Hurrah!" says he, as it snaps; "isn't it fun?" By this he learns his power over matter.

Another boy says: "There now, fellows, play so and so!" Perhaps they don't. "Well, then, I won't play, and you shan't have my top or marbles; and I'll go and get those other fellows, and we can lick you." When that boy grows up, you will find, unless you by good example and by education modify this trait of character, that he is the one who is always starting a third party in society, in the church, or wherever he may be. "If you don't play my way, I'll go and get those other fellows!" and here is where third parties come from. Children always shadow forth at play, when sporting naturally, their subsequent life. The play of boys is rough, adapted to prepare them for the active exercise and battle of after-life. Girls, on the contrary, sport with more gentleness, and their play is different. They are social. "Mother, mayn't I go over and see Mary?" "No, my dear; not this afternoon." "Well, mayn't I go and see Lydia?" "No, my dear." "Well, then, mayn't she come and see me?" "I have no objection to that." "Can't Mary come too, then, and Julia and Emily?" So they congregate; and then, with the parlor to themselves, "What shall we play now?" "I don't know. Let's play school." "No, I don't want to play school. I know-s'pos'n-let's play tea!" So they all sit down, and rehearse the part they are to fill in afterlife, one entertaining another, and indulging in those little

quiet gentle attentions which mark so strongly the difference between these, the beautiful flowers of our earth, and the rugged, contending, earnest man.

Watch carefully then, the child in his play, and you shall quickly see the bend of the mind, and remember that any bias, however slight, and from whatever cause proceeding, if in any degree profitable to the individual child in its varied relation to others, will tend to the elevation of that child, and generally be inherited by its offspring. The offspring will also have an increased tendency in this variation. Therefore, having given you the key, the scale, by which to discover the development of the mind of your child, you must by adapting your system of education to that development, either obscure or strengthen it, as it will hereafter be beneficial or injurious to the child.

As for example, say at some early period, some one prefers swift, another, strong horses; they accordingly make a selection from a common herd with a view to the serespective points. The difference, at first slight, by repeated elections becomes greater, until finally we have as it were two distinct breeds of horses, the one noted for swiftness, the other for strength.

So then, cultivate those faculties, which exhibiting themselves in childhood, point toward the situation where they shall find their freest action; or, if these predominant characteristics being too largely developed, tend to the injury of the individual, remember that on the mind as on the body the disuse of any faculty tends to the extinction of that faculty. We see that the fish of the mammoth cave living in profound darkness, have no use for eyes and they therefore have none; and in man we find the rudiments of muscles by which if developed, he could move his ears forward, erecting them, or could depress them, flattening them against the skull.

As you cultivate the mind, beware that you do not confine nor neglect the body. Childhood dreads monotony, for nature will not long use any one set of muscles to the neglect of others, and therefore, it is that a child full of

play never likes to work, never works or plays at any one thing for a long time; the muscles need change. How cruel then it is to deprive a child of all action, to glue him to the school-bench or to make the youthful system languish in the chains of strict decorum, imprisoning the budding mind and unformed limbs in bonds of fear, that such and such a thing is "not proper." Is not proper! God also breathed the breath of life into that young form, he who created those muscles and that wonderful machinery, when he made them implanted what was proper in their essence. Go teach the bounding fawn to tame the quivering muscles to quiescence, and teach the young buffalo to behave in a proper manner. We do not wish to see a child rude and pert, neither do we wish to see the cheeks made waxy by the compressed chest, the weak circulation, and the lack of healthful, out-door, romping, boisterous play.

As you improve the mind recollect that nature is compensating; that when any structure becomes less useful or used, any diminution thereof, however slight, is instantly seized by nature, so that less nutriment is expended in developing a part now of little use; therefore, if you attempt to press too rudely with the weight of knowledge the brain, before the body has become developed, or to the neglect of the body, the brain becomes, not larger but more sensitive, and the body dwindles or assumes disease, which shall soon render futile all the labors of the mind. Blood is the stimulus of the brain, and if the flow there is great, other parts of the body are neglected; and if nourishment flows, in excess, to one part or organ, it rarely flows in excess to any part; and as fruits whose seeds have become atrophied gain largely in the pulp or seminal envelope, so in man the converse of this fact will be found true—if you develop largely one part alone, the other parts tend to atrophy.

While exercising the most vigilant care over your offspring's well-being, we would impress this truth; that there is a tendency to produce in the young of each successive generation the original and lost characteristics of their ancestors, and this tendency sometimes prevails; therefore, while you cultivate any advantageous deviation from that original, you encourage in the child, the youth—the probability of transmitting that excellence to his posterity.

Mother, break not the young, quiet, healthful slumber of the infant, in order that you may play with the little one, or exhibit to admiring, caressing, uncaring friends. Do not suppose that every body wants to see or hear the baby as you do: do not imagine that what fills your brain and occupies your thoughts, is engaging the constant attention of the rest of mankind. Let the baby sleep and never whirl it through the air; never toss it up, landing it on the bed like a sack of flour. We know of a gentleman, who being a father, coming home when baby was asleep, would habitually wake it, toss it up through the air, and thump it on the bed till, by a "mysterious dispensation of divine providence," the little one was taken from him. The father, if he did not absolutely kill the child, at least greatly hastened its death.

Dress the children so that they may play, and play hard; suffer them to romp, and do you, by a kind exercise of power in that responsible situation in which you are placed, endeavor that the powers of that one body be harmoniously developed, so that at the last every movement of that manly form full of thrilling health, every spontaneous action of that clear, well-balanced mind shall be to you a hymn of thanks, of grateful praise, a victor wreath.

Case of Quadruple Birth.

[From the Medical and Surgical Reporter.]

In the Medical and Surgical Reporter, November 10, 1860, there is a notice of a quadruple birth having been reported by Mr. Henry G. Times to the London Obstetrical Society. Allow me to add another instance of the kind by detailing the following cases:—

"February 2, 1852, I was requested to visit Mrs. G. B., of West Philadelphia. She is a short and rather stout-built woman, the mother of seven children, all single births, and

is now the eighth time pregnant. The last catamenial flow occurred July 23, 1851."

I was sent for to-day in consequence of several urgent symptoms requiring attention. Her breathing was greatly oppressed; her face suffused, cedematous, and bluish; all the extremities, particularly the lower, swelled to the utmost extent, and the abdomen very large, wide, and protuberant. The patient looked almost as thick as she was long. There was evident fluctuation over the whole region of the abdomen, and the ear could detect no distinct pulsation of a feetal heart. The vulva was greatly tumefied, the os tincæ was spongy, and the cervix expanded. Ballottement was plainly perceptible; the diagnosis was pregnancy and ascites. Treatment relieved, to a certain extent, the difficulty of respiration and the anasarca, but had no effect upon the abdominal enlargement.

Feb. 18th, 3 o'clock, P. M. I was summoned to see Mrs. B. in labor, the messenger stating that the waters had broken. On my arrival, I found a living male child born, the placenta being undelivered. There still remained immense enlargement of the abdomen and distinct fluctuation. On seizing the umbilical cord and carrying my finger along it, I found the pelvis empty, the cord passing high into the uterus and the placenta beyond reach. The uterine pains having ceased, I waited for their return until 5 o'clock, P. M., and, finding that the uterus had no tendency to contract, I administered ergot, which soon excited the action of the uterus, and caused a large purse of membranes to come down within reach of the finger. The membranes were unusually strong, and were ruptured with the greatest difficulty. An immense gush of liquor amnii followed, and immediately afterward a living female child was delivered. It was a head presentation, vertex under the pubis. soon as this was disposed of, an examination of the abdomen assured me that this was not the last child, and, although there was still fluctuation present, I abandoned the idea of ascites. On introducing the index finger into the vagina, I could reach another purse of membranes rapidly

descending, but the placenta could not be felt. The membranes were so strong that I could not perforate them with my finger, but had to use a pair of pointed scissors. a very copious discharge of water occurred, immediately followed by the delivery of a living male child. It was also a head presentation, face front, but changed so as to bring the vertex under the pubis. Not expecting that any "more of the same sort" were left, I proceeded to deliver the placenta. The placenta of the third child came away first, and was as perfectly distinct as in a case of single birth. Next a placenta, which belonged to the first two children, was discharged. From the circumstance of the placenta having come away so readily, I took it for granted that the labor had entirely terminated, and, upon laying my hand upon the abdomen, I was not impressed with the idea of the presence of another child. While, however, I was engaged in placing a binder around the patient, she was seized with severe and rapid pains, and soon she cried out that something was coming from her. Upon examination, I discovered that another child, with the membranes entire, had been expelled. I immediately tried to tear the membranes, but they were too strong, and I slit them open with the scissors, and exposed a living female child. placenta came away without difficulty, and the uterus contracted well. The loss of blood was trifling.

The first child, a boy, was born at 3 P. M.; the second child, a girl, was born at 5 1-2 P. M.; the third, a boy, at 5 h. 40 m. P. M.; and the fourth, a girl, 5 h. 50 m. P. M.—the last three children in twenty minutes. All the children were living, and large and active for the period of

gestation.

With proper care, I think all these children could have been raised. But the day and room being cold, and the parents poor, and no provision having been made for more than one child, they were all greatly exposed, and all died. The third child, a boy, died at 3 A. M. of the 19th; the first child, a boy, died at 5 P. M. of the 19th; the second child, a girl, died at 4 A. M. of the 20th; and the fourth child, a girl, died at 7 A. M. of the 20th.

The mother bore the parturition well, and had an excellent recovery. Two years afterward she became pregnant again, and was delivered at full time of a single healthy child.

There was a peculiar formation of the placenta common to the first two children. There were not, as is usual in plural gestation, two distinct placentse joined together at their edge; there was, however, a separate funis, a distinct set of feetal membranes, and a distinct quantity of liquor amnii for each child. There was but one large placenta, with both sets of membranes arising from its disk, one within the other, so that the membranes of the first child must have entirely surrounded the distended membranes of the second child. When the face of the placenta was examined, and the respective membranes raised, they represented two cylinders, one within the other, the attachment of the one being at the periphery of the placenta, and the attachment of the other forming a circle some distance within the former, so that a diagram of two concentric rings would be an accurate representation of their arrangement. W. L. Atlee, M. D.

A Plea for Beard.

[From the Philadelphia Medical and Surgical Reporter.]

The evidences of human progress are displayed in the reformation of abuses and the avoidance of accustomed errors, as well as in making discoveries, or in striking out new paths in the ways of science. One of these evidences, among the male part of humanity, at least, is the avoidance of those extreme caprices of fashion by which the beauty and simplicity of nature is substituted, and the human form disfigured. Men in enlightened nations no longer shave off their own hair and put on their heads the hair of another, and then dust it thickly over with white powder. The waist is no longer laced to an effeminate attenuation, and tinseled trappings and ruffles are seen no more. The distortion and disfigurement of nature is now

left to the anthropophagist who tattoos his skin, to the celestial who produces an artificial talipes, and to the savage whose lip, ear, or nose is slit, or whose skull is flattened to his taste by compression.

Society is beginning to think that the designs of nature in the formation of the human body are with an object for our welfare, and most in accordance with true beauty and harmony.

In recent times, a single practice is the only interference with the evident designs of nature which customs of gentility tolerate. This is one of comparatively modern invention, and as an adopted habit, dates no more remotely than to the coronation of Louis XIII. of France, who ascended the throne at the age of nine years, and in adulation to whose beardless face his courtiers commenced the foppish practice of shaving. Since that time the fashion of closely shaving the face has, like other fashions, been repeatedly abandoned and revived.

A bearded cycle is now upon us. The razor is becoming an obsolete instrument, and much of the barber's "occupation's gone." We cannot determine whether this almost universal wearing of beard has been adopted as a mere caprice of fashion, a rational change in taste, a time and labor saving design suited to a fast age, or as an intelligent appreciation of its hygienic advantages.

Be it as it may, the practice has been for years gaining among the refined and intelligent classes all over the world, and much in every view of the matter can be claimed for it, whilst naught but the fogyish partiality for old usages can be argued against it.

The wearing of the entire beard has become general in Europe, and even the English, heretofore the most closely shaven of all nations, has at last adopted the "valenced" face.

Of beard as a fashion, or of its "formal cut," we are unconcerned, and care not whether the moustache be in imperial loyalty turned up and twisted at its points, or, in the style of the radical, turned obstinately down, but we

desire to repeat some ascertained facts in the hygiene of beard.

Dr. Agnew savs:—"There are many reasons for believing that the beard should not be removed. In cold localities it is an important defence. The skin of the cheek is delicate, and is underlaid by a network of both motor and sensory nerves of the fifth and seventh pairs, which are peculiarly impressible by the influence of low temperature. Almost every one has felt the stiff and paralyzed condition of the face when, unprotected, it has been exposed to the frosty air of a winter day, and also the chattering teeth. Both toothache and neuralgia have been entirely removed by allowing the beard to grow. So in warm situations, it serves as a defence against the irritating effects of the sun's rays, preventing tan, freckles, inflammation, and desquamation; thus it is very common to find boatmen, and those employed about the water, cultivate a luxuriant growth of beard to obviate these inconveniences.

"The moustache is well situated, not only to defend the lip, but to arrest and entangle particles of dust which would otherwise be drawn into the respiratory passages."

"Mr. Chadwick asserts, that travelers in Syria and Egypt suffer so much from the small particles of sand which fill the air, that they really find it necessary to delay the wilderness journey until their moustaches have grown. To all, therefore, whose occupations expose them to dust, such as threshers, millers, smiths, etc., the preservation of the growth will be useful."

The London Lancet has taken a decided stand in favor of bearded faces, and in an article censuring a military officer for enforcing the soldiers under his command to shave, makes the following proper remarks: "Nature has ordained that the face of a man shall be protected in certain parts by a hairy covering. Be it for use, be it for ornament, or be it for both, there it is in the form of beard, moustachies, and whiskers. These constitute as necessary a structural appendage to a man as the mane to the horse and lion, the antlers to a stag, the horns to the ox, or the bristly whis-

kers to old grimalkin. The growth and perfection of these appendages are closely associated with strength, masculine power, and virility, and although often regarded as supplementary organs, they indubitably severally owe their origin to a necessity of the animal frame. With the facial hirsute appendages of man important authorities have fallen out. The former appear worse than useless to them; they are positive nuisances, so let them be abolished! Nature shall be corrected for the mistake she has made by witnessing her best-formed and strongest specimens of humanity rubbed well over with yellow soap every morning, and scraped with a razor. A red, glazy, pimply chin, raw nostrils, hoarse voice, sore throat, and feminine or 'lily livered' appearance, shall henceforth grace the stalwart forms of our policemen and soldiers! We hope that science and common sense will come to the rescue, and not only let soldiers and policemen continue to wear upon their faces the natural covering they have been given, but induce wheezing, sneezing, sore-throated, shivering mortals, who have hitherto trembled more at the keen edge of a January air or March wind than of a razor, to cease wasting their time at their ridiculous matutinal operation, and face their fellowmortals like men. Bichat long ago asserted, that although numerous causes might exist to produce debility of the system in coincidence with the presence of beard, yet the general impression must be that there exists 'un certain rapport entre elle [la barbe] et les forces.' It is probable, says the great physiologist, that the muscular energy is, up to a certain point, connected with the beard, and that this energy always diminishes a little when a man deprives himself of that appendage.

The well known traveler, Mr. St. John, says that Walter Savage Landor was a great sufferer from sore throat for many years of his life, and that he lost the morbid disposition only by following the advice of the surgeon of the Grand Duke of Tuscany, viz: to let his beard grow. According to Mr. Chadwick, the sappers and miners of the French army, who are remarkable for the size and beauty

of their beards, enjoy a special immunity from bronchial affections. What can be more absurd than to compel men exposed to all kinds of climatorial severities and changes, as are soldiers and policemen, to rub a strong alkali daily upon their faces, and then scrape the latter over with a sharp instrument! In our opinion, it would be a far more rational procedure upon the part of people in authority to compel those in their power to allow their hair to grow, than to make them shave it off. This much might, at any rate, be said in favor of the one, that it must be for the grower's own benefit, since he followed Nature; whilst all that could be legitimately adduced to support the other must be, that it pleased the commander's very queer fancy. As regards certain public servants, too, like soldiers and policemen, the right which we have to enforce a particular garb or uniform upon them, and the necessity which exists for so doing, do not extend to tattooing them, nor even to that simpler mutilation-shaving-which is akin to it, seeing that it entails the loss of an important structural appendage bestowed upon them by Nature."

Poisoning by Strychnia-Recovery.

Miss S. R—, aged 24 years, a resident of Norristown, in consequence of a disappointment in a love affair, endeavored to "shuffle off this mortal coil" by swallowing, at one dose, four grains of strychnia. In about one hour after taking the dose she was seized with terrific tetanic spasms, that continued with but slight abatement until Dr. W. C. Rogers and myself, who were sent for, arrived at the house of the patient, some two hours after the poison had been taken. She was put immediately on the use of opium and camphor in large doses, and chloroform and ether were freely administered. Under this treatment she recovered. I will remark that the patient was kept under the influence of the anæsthetic for about five hours, the spasms returning during the first three hours whenever the remedy was dis-

continued. The Miss was also pregnant, and, in spite of strychnia and spasms, still promises fair to carry the product of conception to full term.—Medical and Surgical Reporter.

Preparation of Anti-Asthmatic Cigarettes.

M. Dannecy, Pharmacein of Bordeaux, writes:—"Some of the properties of stramonium and belladonna—which plants, when smoked, justly enjoy the reputation of relieving asthma, and which are employed with the most undoubted success in the treatment of neuralgia—exists also in plants abounding in nitrates. Thus I have seen patients who had experienced great relief from the use of the leaves of borage and pellitory plants containing, as is well known, much nitrate of lime.

"The fault which almost all patients find with narcotic plants, smoked in pipes or in the form of cigarettes, is a copious production of smoke, which fatigues them, and sometimes excites cough—a symptom they are, on the con-

trary, employed to allay.

"In order to obviate this inconvenience, I have added nitre to the leaves of belladonna and of stramonium, by watering these plants, dried and conveniently spread out, with a solution of nitrate of potassa, in the proportion of three ounces of the salt to rather more than two pounds avoirdupois of the plants. It will be easily understood that as this solution penetrates the entire vegetable tissue; the latter will, when dry, burn completely, without the formation of the pyrogeneous products above alluded to.

"I have for many years prepared cigarettes according to this formula, and the benefit derived from their use by a great number of patients induces me to publish it, and to call the attention of practitioners to this mode of treatment, consisting in the smoking of narcotic plants combined with nitre."

Death from the Careless Use of a Hair Dye-

[From the American Medical Gazette.]

PROF. PROCTER—Dear Sir: The subjoined extract from a letter received a few days since from a young medical friend in an adjoining State needs no preface. All names are withheld, for the simple reason that my business concerns the wrong done, without regard to the wrong-doer:

"One of my neighbors lost a child a few days ago, supposed to have taken not exceeding f. dr. ss. of the contents of the accompanying phial. If the mother be correct, I do not think the child could have taken more than a few drops. The child came into the room with the phial in one hand and the cork in the other, and got up in the chair her mother had just left, was there unnoticed for a minute, and was then discovered in the act of falling, still grasping the phial. She was quite senseless and never moved afterwards, yet breathed (from their account) at long intervals for 15 or 20 minutes, when death relieved her sufferings. I gave 20 drops from the phial to a pup, and it died in 5 minutes. I then gave f. dr. ss. to a large cat, and it died in one minute. The phial is supposed to be -----'s Hair Dye, as it is labeled precisely like that. There is a young man living in the family where the accident occurred who has the above Hair Dye, but he has only the phials marked Nos. 1 and 2. He says his phial No. 3 got broken long since. It seems to me that if a man were to put such an article in Hair Dye without cautioning the public, he would be liable to be punished, at least he ought to be. I will be obliged if you will examine the contents of the phial and let me know what the liquid contains."

The phial accompanying the letter was labeled No. 3, and contained a few drachms of a clear liquid, of a slightly yellowish tinge, a strong alkaline reaction, slightly ammoniacal, as shown when a glass rod moistened with hydrochloric acid was brought near it, and possessing the unmistakable odor of hydrocyanic acid, and having a specific gravity of 1.0525. One fluid drachm distilled with excess of dilute sulphuric acid and passing the vapor into a solu-

tion of nitrate of silver, gave me a precipitate of cyanide of silver weighing when dried grs. 10.30. A portion of this precipitate ignited in a small glass tube gave free cyanogen, which burned with its characteristic flame, and left a solid residue of metallic silver. A portion of the acid liquid left in the retort was then neutralized with a solution of pure soda, evaporated to dryness, ignited and re-dissolved; and in the solution thus obtained, bichloride of platinum and carbazotic acid both showed the presence of It thus became evident that the phial had contained a solution of cyanide of kalium, a well-known deadly poison, which, owing to its extensive use in certain electrometallurgic operations, and other processes of the present day, that render it easily procurable, has been the frequent cause of death within a few years past. Since the one fluid drachm gave grs. 10.30 of cyanide of silver, the equivalent of cyanide of kalium would be grains 4.99, which would represent the strength of the solution. But it occurred to me that a part of the cyanogen obtained might possibly have been supplied from cyanate of potassa, present either as an original impurity in the commercial cyanide, or as a spontaneous product from a solution of pure cyanide. Such solution, it is well known, becomes in part converted into the cyanate by exposure to air, and from this under certain circumstances free ammonia would be liberated. Graham suggests as a simple means for determining the purity of cyanide of kalium, to note its solvent power for peroxide of mercury, stating that grains 12 of the pure cyanide in solution will dissolve exactly grains 20 of the peroxide. By agitating f. dr. j. of the liquid with an excess of finely pulverized peroxide of mercury, I found that it would dissolve exactly grains 7, and this, according to the formula of Prof. Graham, would represent grains 4.20 of pure cyanide. The difference between grains 4.20 thus obtained and grains 4.99 as deduced from the weight of the cyanide of silver product, might thus represent the cyanate of potassa accidentally present.

I now made a solution of the commercial cyanide of ka-

lium in the proportion of grains 5 to one fluid drachm. This solution had a specific gravity of 1.050, showed the usual alkaline reaction, gave an appreciable quantity of free ammonia, and had its inseparable odor of hydrocyanic acid. And with the exception that it was more nearly limpid, agreed in all essentials with the contents of the phial under examination.

As there seemed to be room for reasonable doubt whether the party named by my friend as supplying the Hair Dye was really to blame, or whether one of his phials had been improperly employed to contain a poisonous solution, I thought it best to procure directly from the manufacturer through the agency of Adam's Express a box of the Hair Dye in question. The box contained three phials labeled Nos. 1, 2 and 3, with printed directions for use. No. 3 of the box was exactly like No. 3 sent to me, in shape and size and label, and in its contents, being a solution of cyanide of kalium. No. 1 contained an alkaline sulphide, principally, if not wholly, sulphide of ammonium, with its disagreeable odor in good part concealed, apparently by rose-water. No. 2 contained a mixed solution of the ammoniacal oxides of silver and copper. These two phials produce the dye. No. 3, as I had suspected, was needed for its solvent power, to remove any accidental stain on the skin made by the dye, and professed to be supplied for that purpose alone. A few drops from Nos. 1 and 2 mingled in a test-tube with water gave at once a dark precipitate of the mingled sulphides of silver and copper. This precipitate was promptly dissolved on adding a few drops from phial No. 3, and quite as promptly disappeared when acted on by my solution of cvanide of kalium.

The character of the solution in the phial sent to me, the No. 3 of the Hair Dye, and its fitness for the purpose for which it is intended, is thus sufficiently apparent. Whether the proprietor of the preparation is excusable in supplying the public with such a deadly poison, without a word of warning that might induce some little caution in keeping and using it, is a question for the public and the authorities

to decide. The party must have been aware, or should have been, that this compound, so harmless when used in accordance with the directions, if taken internally becomes one of the most rapidly fatal poisons known; scarcely inferior in this respect to hydrocyanic acid itself, and like that, so rapid and so virulent in its action, as to be almost beyond the reach of antidotes. It can be no consolation to the parents, whose little one has perished so suddenly and so horribly, to be told that the one who furnished the deadly draught never intended it to be used in that way, and I cannot help concluding with my friend that any one who could be guilty of such carelessness, if not liable to be punished, at least ought to be.—W. E. A. Aikin, M. D., Prof. Chem. University of Maryland.

Case of Laceration of the Vagina at its Junction with the Uterus.

[From the Boston Medical and Surgical Journal.]

On the morning of the 8th inst., I was summoned to the bed-side of Mrs. K., æt. 34, who had been delivered on the evening previous of a stillborn male infant, while under the care of a "Physopathic Doctor."

I found the woman lying upon her back, with her lower extremities partially drawn up, and in a condition which the medical reader will best understand from the following symptoms which were carefully noted at the time-viz.: pulse 132 and feeble. Respiration 33. Skin hot and dry. Tongue very dry and harsh. Abdomen much swollen and tympanitic. Countenance rather anxious. I immediately took the friends aside and informed them that in my opinion the case was one of extreme peril, and advised a consultation. They accordingly decided on calling Dr. Joseph Murphy, and, in the course of half an hour, that gentleman saw the case with me. He at once corroborated my opinion with regard to the danger of the patient. The grave symptoms above enumerated had supervened so speedily after delivery as to render the exact diagnosis somewhat obscure, although we were led to suspect rupture of the uterus.

The history of the case, as given by the husband and by the woman in attendance, was substantially as follows:—

"The woman had been remarkably healthy up to the date of this confinement, and had given birth to three healthy children—two of whom are living. Previous labors natural and easy. Labor commenced at about noon on the previous day, and everything went on well until between eight and nine in the evening, when the 'Doctor' sent out for some medicine, of which he administered two teaspoonfuls, with a short interval, soon after which, the pains ceased and the 'Doctor' took away the child by force, but without using instruments. The woman gave it as their opinion that "the medicine cooled off the labor." The prescription proved to be Tilden's fluid extract of secale cornutum.

The treatment which Dr. Murphy and I agreed upon was as follows:—constant warm applications over the abdomen, perfect rest, attention to the bladder, anodynes administered to the extent of inducing semi-narcotism, and beeftea in such quantities as the stomach would retain. There had been no dejection, nor had she passed water. With the catheter, I drew off about a quart of bloody-looking urine, which seemed to afford her some relief.

On Friday, there had been no abatement of the symptoms, so fatal in their tendency, and the only perceptible changes in the patient were, cessation of pain, greater irritability of the stomach, and failure of strength. ters vomited were now of a dirty-greenish color, but not particularly offensive. From the time I first saw her, there had been scarcely any discharge from the vagina. amination per vaginam furnished no clue to the existing lesion. The parts, including the entire vulva, were very much inflamed and swollen. She died at 6, A. M., on Saturday. The undertaker applied to me fer a certificate of the cause of death. I could not conscientiously furnish one without further opportunities for examination. The friends consenting, a post-mortem was arranged for 2 o'clock, P. M., eight hours after death.

The surface presented nothing worthy of note, excepting

great distension of the abdomen, which was somewhat pear-The vulva was "black and blue." Rigor mortis shaped. we'l marked. On making the first incision, great care was required to avoid wounding the intestines, which were much inflated and glued together. The surface of the bowels, except at their junctions, was not covered with any amount of exudation, but appeared dry and glistening. The sanguineo serous effusion into the peritoneal cavity was very slight, not more than four ounces, without coagula, and resembled the lochial discharge. Carefully lifting the bowels, we discovered on the right side of the pelvis, on the long axis of the vagina, about midway between the anterior and lateral mesial lines, a laceration about three inches in length, extending completely through the vaginal wall, and involving about an inch of the peritoneal covering of the uterus. The edges of the laceration were ragged, with no indication of previous disease, but presenting the appearance one would expect from a recent wound of the part, from a mechanical cause. A finger introduced into the vagina was met by one of the other hand passed through the laceration from the abdominal cavity. By turning the uterus a little, the os uteri, in a perfectly healthy condition, was brought into view through the laceration as we looked from the abdominal cavity. Both the external and internal appearance of the uterus was found, on thorough examination, to be perfecly natural, the laceration involving only its peritoneal covering. .

The examination was made in presence of the "Physopathic Doctor" who first officiated in the case, and also my friends and fellow-townsmen, Drs. Joseph Murphy, H. B. Hubbard, Ira Sampson and John B. Chace; Dr. Chace assisting in the examination, and Dr. Murphy taking notes.

The following points were given by the "Physopath:"—
"The os was fully dilated at 2, P. M. The delivery of a still-born infant was immediately followed by the placenta, at twenty minutes before 9, A. M. After the exhibition of ergot, one pain caused the expulsion of the child and placenta. The character of the pains was not such as to lead

him to apprehend any unnatural occurrence. The presentation was natural." "It was a dry labor," said he; "I had to keep my hand greased all the time, and it was as much as I could do to pass it round the head of the child."

I should not omit to state that the child was large, weighing 11 1-2 pounds, as I was informed by the friends, on my first visit.

Query.—Is rupture of the upper part of the vagina and merely the peritoneal covering of the uterus, likely to occur during natural labor, when there has been no previous disease of the tissues involved?

The Cause of Death in Drowning.

Death in cases of drowning has been attributed to various causes—the introduction of air into the stomach, into the bronchial tubes, closure of the epiglottis, syncope, and asphyxia. M. Beau believes that the cause of death is asphyxia from want of respirable air; but that the small quantity of water which enters the bronchial tubes requires to be explained. Is it that, in drowning, there is an arrest of the respiratory movements? To the solution of this question, M. Beau has applied himself, and has performed the following classes of experiments, which are recorded in the Archives Generales de Medecine for July, 1860.

CLASS I.—A dog is plunged rapidly into a vessel of clear water, and held there on its back. At the first moment, on its surprise, it makes a more or less complete inspiration; this is immediately followed by a jerking inspiration, during which a tolerably large quantity of air escapes in bubbles to the surface of the liquid from the mouth and nose. After this, there are no further expiratory movements. The animal struggles, and there is energetic action of its trunk and limbs; but no more inspiration or expiration. The lips remain convulsively closed. In about two minutes, the movements cease completely; but the animal is not dead, and, if now withdrawn from the water, it may recover. Death does not take place until two or three more

minutes have elapsed. On post-mortem examination, the lips are found to be firmly closed; the glottis is also closed. There is a variable quantity of frothy water in the small bronchial ramifications, the trachea, and frequently the large bronchial tubes. There is also a little water in the stomach, and some emphysema of the lungs.

CLASS II.—A dog is plunged into water in the same way, and removed at the end of two minutes, when he had ceased to struggle, and had lost consciousness without being really dead. He soon performs some respiratory movements, and opens his eyes; presently he rises on his feet; and gradually, without cough or symptoms of suffocation, he recovers rapidly and completely. If the animal be killed by pithing while he is recovering, and if the chest be opened immediately, frothy water will be found in the air-passages, as in the first class of experiments.

CLASS III.—The trachea of a dog is opened, and a canula is introduced. The animal is immediately plunged into water, and held under it on his back. Scarcely has submersion taken place, when air enters the chest by an inspiration, probably through the glottis and the canula; this is immediately followed by a jerking expiration or cough, during which bubbles of air escape from the mouth and through the canula. After this, the course of the symptoms and the post-mortem appearances are the same as in the first class.

CLASS IV.—The trachea of a dog is opened, and a canula is introduced, as in the third class of experiments. The animal is held under water, with his head free, but so that the opening of the canula is under the surface of the fluid. Immediately on this complete submersion taking place, water is drawn by an inspiration through the canula, and is partly rejected by cough by the same passage, with a certain quantity of air which escapes in the form of bubbles. The respiratory movements now cease, and the animal becomes restless; but, in a few seconds, respiration returns, and the animal makes regular inspirations and expirations, bubbles of air escaping at each expiration

through the canula, and forming a froth on the surface of the water. As the inspiration of water goes on, and the interchange between the water and the air from the bronchi becomes complete, the quantity of bubbles diminishes at each expiration, until at last nothing but water passes through the canula. At last all movements cease, and the animal dies in the course of five minutes. On examination, the trachea and bronchi are found to be literally filled with water, which is not frothy. The lips and glottis are not convulsively closed, as in the former experiments.

CLASS V.—This, a modification of the second class of experiments, introduced to show that the mere withdrawal of the muzzle from the water, so as to leave the respiratory orifices free, while the rest of the body remains submerged, is sufficient to bring about recovery.

CLASS VI.—When the trachea of an animal is constricted by a ligature so that no air can pass, the animal struggles as if drowning; for about two minutes, he opens his lips and nostrils as if to admit air. In five minutes, death occurs; and, on examination, nothing is found in the bronchi, but the lungs are congested and emphysematous.

These experiments are held to show that death takes place in drowning from an irresistible horror of the water inducing an arrest of the movements of respiration and closure of the respiratory orifices; and that this takes place irrespectively of the actual introduction of a small quantity of water into the air-tubes at the moment of submersion. There is, then, in the words of M. Beau, a hydrophobia of inspiration in the drowning, analogous to the hydrophobia of injection in persons bitten by rabid animals. The last class of experiments show that death in these cases is comparable to that which arises from strangulation.—Gazette Hebdomadaire.

Mormonism, in its Physical, Mental and Moral Aspects.

The following is a brief extract from the sanitary report of Assistant Surgeon Bartholow, one of the medical officers attached to the army corps which passed the winter of 1857-58 in Utah.

"The Mormon, of all the human animals now walking this globe, is the most curious in every relation. It would be quite beyond the scope of this report to say anything of the political and religious aspects of Mormonism; but as a great social solecism, seriously affecting the physical stamina and mental health, it is full of interest to the medical phi-Isolated in the narrow valleys of Utah, and practising the rites of a religion grossly material, of which polygamy is the main element and cohesive force, the Mormon people have arrived at a physical and mental condition, in a few years of growth, such as densely-populated communities in the older parts of the world, hereditary victims of all the vices of civilization, have been ages in reaching. This condition is shown by the preponderance of female births, by the mortality of infantine life, by the large proportion of the albuminous and gelatinous types of constitution, and by the striking uniformity in facial expression and in physical conformation of the younger portion of the community. The 'peculiar institution' is practically upheld by the older men, the elders, bishops, apostles, and prophets; and so eager is the search for young virgins, that notwithstanding the preponderance of the female population, a large percentage of the younger men remain unmarried. To sustain the system, girls are 'sealed' at the earliest manifestations of puberty, and I am credibly informed that means are not unfrequently made use of to hasten the period. The activity of the reproductive function, as a rule, is not diminished by polygamy; on the contrary, the women are remarkable for fecundity; but in the harems the proportion of children arriving at maturity is much less than in the rural districts of our country. An illustration of this fact is afforded by the results in that chief of polygamists, Brigham Young's case. He has, at least, forty

wives. A large number of children have been born to him, a majority of whom died in infancy, leaving twentyfour, according to the most reliable accounts. These forty women in monogamous society, married, would have probably one hundred and sixty children, two thirds of whom, under hygienic circumstances equally favorable, would have been reared. In Brigham Young and his wives, we have presented the most favorable conditions for successful polygamy possible in Mormon society, yet, in this instance, the violation of a natural law has been speedily evinced. One of the most deplorable effects of polygamy is shown in the general weakness of the boys and young men, the progeny of the 'peculiar institution.' The most observant Mormons cannot hide from themselves the evidence of these sad effects. One of their saints, Heber C. Kimball, in recent sermons, has adverted to this sexual debility, but, with a single blindness, attributed it to a vicious style of dressing. The sexual desires are stimulated to an unnatural degree at a very early age, and as female virtue is easy, opportunities are not wanting for their gratification. It is a curious fact, that Mormonism makes its impress upon the countenance. Whether owing to the practice of a purely sensual and: material religion, to the premature development of the passions, or to isolation, there is, nevertheless, an expression of countenance and a style of feature, which may be styled the Mormon expression and style; an expression compounded of sensuality, cunning, suspicion, and a smirking self-The yellow, sunken, cadaverous visage; the conceit. greenish-colored eyes; the thick, protuberant lips; the low forehead; the light, yellowish hair; and the lank, angular person, constitute an appearance so characteristic of the new race, the production of polygamy, as to distinguish them at a glance. The older men and women present all the physical peculiarities of the nationalities to which they belong; but these peculiarities are not propagated and continued in the new race; they are lost in the prevailing Mormon type.

"If Mormonism received no additions from outside sour-

ces, these influences continuing, it is not difficult to foresee that it would eventually die out. The increase of population independently of large annual accessions from abroad, has not been co-equal with the increase in other portions of our The results of polygamy here are not to be compared, without some limitations, to the results of the same institution elsewhere: its decadence must follow more speedily. In eastern life, where it has been a recognized domestic institution for ages, women are prepared for its continuance, and do not feel degraded by their association with it. The women of this Territory, how fanatical and ignorant soever, recognize their wide departure from the normal standard in all Christian countries; and, from the degradation of the mother, follows that of the child, and physical degeneracy is not a remote consequence of moral depravity.

"Mormonism, considered in a relation purely sanitary, presents some interesting features. The Mormon theology contemplates the cure of disease by miraculous interposition: hence the disciples of the healing art are not held in much estimation. The church authorities are exceedingly jealous at an attempt to cure by ordinary therapeutics, and denounce from the pulpit any invasion of their special Though they claim for the "laying on of hands" province. (cheirapsia) wonderful efficacy, the number of deformities, the result of malpractice, to be seen in any of the populous towns, rather indicates a necessity for the use of carnal The art of surgery is at a low ebb. Epidemic erysipelas of a virulent form is reported to prevail in this Territory, but, thus far, no cases of the disease have fallen under the observation of the medical officers serving with this army. I have reason to believe that 'erysipelas' is a conventional term applied to various dissimilar affections, as rheumatism, erythema, anthrax, &c."

DIPHTHERIA.—It is said that this disease has destroyed at least ten thousand lives since its first appearance in this country.

Urticaria as a Symptom of Irritation of the Female Sexual Organs,

Professor Scanzoni observes that although it has long been known that chronic affections of the female sexual organs are not infrequently accompanied by skin diseases (as urticaria, eczema, acne, psoriasis, chloasma, etc.,) the influence of a more sudden irritation of these organs upon the cutaneous surface is by no means so well established. He has been enabled to find no very definite statements upon the subject, and this leads him to communicate some cases tending to establish such a consensus.

A lady, aged 35, had been under his care for sometime with slight retroflexion of the uterus and chronic metritis, when he ordered four leeches to be applied to the vaginal portion of the cervix uteri. This little operation had been already performed once before without any ill effect, but upon the present occasion, ten minutes after the application had been made, the patient was seized with violent febrile action, and slight delirium. In half an hour she was seen by the author, who found her skin, and especially that of the face and upper part of the body, almost of a scarlet red. The temperature of the surface was considerably raised, and her pulse beat 136. She continued much the same during the night, and when seen next day, the face, neck, chest, arms and thighs exhibited with the intense redness, innumerable uticaria elevations. In a day or two the exanthem had entirely disappeared, a distinct desquamation, however, taking place on the face and neck. As this was the first case the author had ever seen in which these symptoms followed the application of the leeches to the crevix, he did not believe in their dependence upon this, and again ordered them to be employed. Four times this was done without any unpleasant occurrence, but on the fifth occasion the whole series of symptoms above described were reproduced, and that so rapidly after the biting of the leeches that any doubt as to cause and effect could no longer be entertained.

In a second case, a woman, aged 28, was admitted into the

Wursburg Midwifery Institution on account of chronic uterine infarctus, and five leeches were ordered to be applied to the cervix. Scarcely had they taken hold, when she complained of the most violent labor-like pains in the abdomen, and although these soon moderated in force, they were accompanied with such intense febrile action that the entire body glowed with heat, the pulse rose to 140, the carotids pulsated visibly, and the face, neck and chest exhibited an intensely red color, to which were added in a very short time a large eruption of uticaria elevations of a palish color. The eruption was accompanied by great headache, inclination to vomit, and excessive lassitude, symptoms which continued to the following day, although the exanthem with the accompanying fever disappeared entirely after three hours' continuance. This patient often had suffered from uticaria at the menstrual periods, without, however, its being accompanied by such violent symptoms.

The third case occurred in the person of a young lady, aged 26, who, on account of long-continued chronic cophoritis and metritis, required blood-letting. In the course of sixteen months four or five leeches had been applied eight times. On the ninth occasion, an intense redness covered the skin, and the patient complained of the most violent pain in the head. The temperature of the surface was much raised, and it was almost entirely covered with innumerable, minute, prominent, white elevations. In the course of an hour these appearances gradually subsided, the headache continuing for twenty-four hours longer. The author is aware of a fourth case of the same kind, but is unable to furnish the particulars.

Professor Scanzoni believes that these cases deserve the attention of those occupied with the diseases of women, as well as of dermatologists. They admit of no other explanation than the irritation of the uterine nerves, caused by the bite of the leeches, induced an entirely unusal, and in its mode of origin inexplicable, disturbance of the vascular system, which again, in a mode which is to us equally unintelligible, gave rise to the production of the eruption of

uticaria. In proof that these appearances were not produced as a consequence of any poison being conveyed through the medium of the bite of the leech, it is to be observed that similar symptoms never result from the application of leeches to other regions of the body, while it is to be observed that even very slight irritation of the sexual organs, as that produced by examination with the finger or speculum, or by the application of caustic, will in many sensitive women give rise to erythema of the face, neck, breast, etc., which disappears as rapidly as it comes on.—

Wurzburg Medicin, Zeitschrifts.

MUSEUM OF COMPARATIVE ZOOLOGY.—Owing to the indomitable energy of Professor Agassiz, the curator and director of the new institution, within two years a fund of \$225,000 and a large number of specimens have been collected, besides five acres of land given by Harvard University, with which the museum went into operation, on the thirteenth of November. It is connected with the University, and at the inauguration, Professor Agassiz stated, "we have already outrun all the museums of the European Universities, excepting those placed in large capitals, and among these we would probably occupy the ninth or tenth place."

MEDICAL SCHOOLS AND STUDENTS.—The number of registered students in London, this year, is 1237, being an increase over last year of 132. There is also said to be a corresponding increase in the Provincial, Irish, and Scotch institutions. The London Lancet accounts for this difference by the wholesome educational regulations which are to be enforced in 1861, the British students thus taking advantage of the old regime. The number of students in Paris is also considerably larger than last year. In this country, on the contrary, nearly all the schools have diminished classes. In Philadelphia, the number is about 1050, as an offset against 1275 of last year.

Prescriptions, Physicians and Druggists

MESSRS. EDITORS.—Two or three druggists in this city have adopted the plan of copying the prescriptions sent to their shops, and returning the originals to the purchaser. With the majority of the druggists it is the rule to put the prescriptions on file, and number the package with the corresponding number of the prescription. The writer would suggest, that the older practice is far better, and safer for all parties.

To begin with, patients generally do not know what the prescription is sent back for. To these, of course, it is of no use. If they have occasion to use it, a copy is as good for them as the original.

In the second place, a physician sometimes wishes to refer to his original writing, and this, months after the prescription was written. The chances are ninety-nine at least, out of a hundred, that he cannot find it.

Again, the original should be kept by the druggist for his own protection. Cases have occurred more than once. in this country, where a dispute concerning a compound has existed, and in which it became necessary to know whether the druggist read wrong, or the prescriber wrote wrong. It is certainly fair to infer, that one is as likely to be the case as the other. The prescription on file in one place, and the partially filled box or bottle in another, would give protection to the two equally. It would be a safeguard for both, if the physician should always write upon his prescription paper the directions for using the compound. Druggists have sometimes been unfairly blamed for asking how a medicine is to be used, thus seeming to doubt whether the medicine written for was intended by the prescriber. This would be proper in case an excessively or unusually large amount of a narcotic were written for. If it were also stated whether the patient were a child or not, the druggist would sometimes see that the physician in his haste perhaps had made a mistake, for the knowledge of which he would have occasion to thank the druggist who notified him.

Any member of the profession who will take the trouble to look over an apothecary's file, will see how often some physicians must be thankful to the druggist for not mistaking one medicine for another.

A little more freedom 'of intercourse between the two professions would improve the knowledge of both, and tend to raise the standard of our drug stores. The American College of Pharmacy is doing all that it can to improve future practitioners of pharmacy, and if we are willing to give them a helping hand, the next generation of druggists may take a position, as chemists and pharmaceutists, which they do not all enjoy now.

We need a class of apothecaries, every one of whom can analyze the drugs which he buys, and who can judge of opium, aloes and rhubarb, as well as he can of cigars and fancy goods. Every facility for intercourse between physycians and themselves will encourage them to educate their apprentices.—Boston Medical and Surgical Journal.

A Case of Precarious Menstruation.

[From the Journal of Materia Medica.]

I feel it not only a duty but a pleasure, Mr. Editor, to place within your hands an account (however imperfect it may be in detail) of a case that has recently been under my charge. It is that of a girl now nine years of age, who commenced to menstruate in the spring of '59, being then at the age of seven and a half years.

The case having afforded me no little interest, I doubt not that it will also be satisfactory to some of your readers. She commenced to menstruate in May, of the above year, having completed her seventh year the previous October, and continued thus to do until the following spring, when she became anæmic and dejected, and her menstrual flow suddenly ceasing. Upon the least exercise her respiration was greatly hurried, and ever likely to swoon upon the least excitement. Her pulse became enfeebled and appetite ceased. In this condition I found her, surrounded with

friends filled with alarm, which, by the way, did not tend to lessen the excitability of her mind. She was placed upon the use of chalybeate preparations, stimulating food, and, with moderate out-door exercise, began immediately to amend. As amendment advanced, more vigorous exercise was demanded, and ere she had completed her ninth year she was as healthy and robust as any of her playmates. Her catamenia was restored as her general health improved, and that it may hereafter be well with her, she is "out on the ocean sailing." Although young, she has the appearance of age, but in intellect as well as in years she is no more than a child. Her parents are of moderate circumstance, nor has she ever known in her country home those luxuries which parents in city life too often bestow upon their children. In this climate and under such circumstances, may I not ask are not such cases rare? nay, are they not almost unknown?

The cause being undoubtedly a preternatural development of the ovaries.

PHYSICIANS IN LONDON.—According to the Lancet, there are in the city of London and vicinity 2,000 medical men. The city covers one hundred and twenty-one square miles—a square of eleven miles to the side. The ratio of increase in the population is 1,000 a week, half by births (its excess over deaths), and half by immigration (its excess over emigration). At this rate, London will, after a while, grow to be a town of considerable size, provided it don't get "sot" back.

Two new Journals, says the Cincinnati Lancet & Observer, to be devoted to mental medicine, make their appearance January 1st, at Paris. M. Baillarger will be the editor of one and M. Delasiauve of the other.

Dr. Gibes' Second Circular.—The undersigned would respectfully tender his thanks to the Editors of those medical journals who have so kindly noticed his proposed enterprise, in regard to the publication of a "Year-Book of American Contributions to Medical Science and Literature." He is confident that such a work is needed by the profession, and is demanded by the honor of American medicine. In America, there are no Abstracts or Retrospects corresponding with those of Ranking or Braithwaite. These, though valuable productions, are in no manner representatives of American medicine. The gleanings in these are almost entirely confined to journal literature, whereas it is proposed to give in the Year-Book a synopsis of all medical matters of importance found in journals, Society transactions, monographs, books, &c., pertaining to medicine having an American origin, and published during the year immediately preceding. As stated in a former circular, to fulfill his design, the undersigned wishes all medical journals, Society transactions, and medical books, of recent issue, sent to his address. A few are yet wanting, to which omission he asks the attention of authors and publishers. What he wishes more particularly to say at present is, that he cannot publish without a greatly increased subscription To American physicians he appeals in behalf of Amerlist. ican medicine, and trusts they will promptly respond to his former circular. Otherwise his enterprise must fail for want of encouragement. Subscribers' names, books, &c., to be directed to O. C. GIBBS, M. D.,

Frewsburg, Chautauquay Co., N. Y.

NEW MEDICAL JOURNAL.—We learn that Dr. Edward Warren, formerly editor of the North Carolina Medical Journal, designs publishing a Journal in Baltimore to be called the Baltimore Medical and Surgical Journal.

EDITORIAL AND MISCELLANY.

"Domestic Practice."

In an article on "Domestic Practice," which I wrote for the Georgia Medical and Surgical Encyclopedia, I recommended Jacob's Dysentery Cordial as a family medicine in simple cases of diarrhea.

The Medical and Surgical Reporter, in a paroxysm of surprise, asks, "What in the world does Dr. Thompson and the Encyclopedia mean by thus puffing quack medicines on one page, and reprinting the code of ethics on the other?"

I will say for the editors of the Encyclopedia, that they are not implicated in the matter, any farther than the act of publishing my article; and, moreover, I do not think that they saw the manuscript containing the offensive recommendation of "quack medicine," as it was handed to the printers whilst the editors were professionally engaged.

I am not persuaded that the publishing of my article, with its "quack medicine," is any more culpable than the advertisements in the Medical and Surgical Reporter, for druggists who vend all kinds of "quack medicines," and and instrument-makers who manufacture instruments which are patented.

In answering for myself, I have only to say, that I was writing an article for families, and not for the profession; hence, I wrote in the plainest style, and in treating of a few common diseases, among a number of simple remedies that I suggested, I recommended what I considered a safe family medicine in simple cases of diarrhea. I have frequently proved its efficacy, and have known it to be used by a number of respectable physicians and many families, by whom I have heard it spoken of as an efficient remedy.

I am opposed to an indiscriminate use of patent medicines, but when a preparation has been well tested and is known to be efficacious in certain diseases, I can see no

impropriety in using it, though we may not understand its composition.

I regard patent medicines as I do novels. The great mass of such writings are highly exciting and injurious to the intellect, and are justly discarded by those who wish to keep their minds in a healthy tone. But there are a few novels, from the best authors, that may be read with advantage. And whilst the great mass of patent drugs are deleterious to the physical organism, it is well known that there are a few, that are valuable remedial agents.

I believe that at least half the physicians in the United States use some patent medicines in their practice, or recommend them to families, the code of ethics to the contrary notwithstanding.

In conclusion, I will add that the editors of the Encyclopedia are not responsible for any thing contained in this brief article. It is simply published as my own private sentiments, in reply to the editorial in the August number of the Medical and Surgical Reporter.

A. C. C. THOMPSON.

[While we do not approve the recommendation of patent medicines in diseases, yet, as Dr. Thompson has been assailed for the mention of one as a remedy, and we for publishing the article in question, we feel compelled to give him a hearing in explanation of his suggestion. Dr. T. is a regular graduate, of by no means contemptible attainments, and is abundantly able to take care of himself, as any assailant will find who enters the lists with him.—Editors Encyclopedia.]

Ovarian Dropsy in a Girl aged Fifteen Years.

In reports from the records of the Boston Society for Medical Improvement, published in the Boston Medical and Surgical Journal, Dr. Jackson reports a case of ovarian dropsy, remarkable only, perhaps, on account of the youth of the patient—she being but fifteen years old. Having never before heard of the occurrence of the disease in so

young a person, we append the following notes of the case taken from the report by the secretary of the Society:-The patient was in the hospital under Dr. Jackson's care for a few days. The abdomen measured thirty-seven inches in circumference, had the feeling which would be given by a thick fluid, was perfectly flat on percussion, except on the sides and as she lay on her back; and was in every way an unequivocal case in regard to diagnosis, a vaginal examination having been made in reference to the possibility of pregnancy. Her general appearance was that of perfect health, and she reported accordingly. Since August, 1859, however, she had been subject to dysuria; and since November the catamenia had been too free, being continuous at one time during the winter for about six weeks. About the first of February pain came on in the region of the right ovary, and lasted about four weeks; and soon afterwards she had for a time some pain in the region of the left ovary. It was soon after the first pain that the abdomen began to swell, and it was not long before it was as large as at the time of her entrance.

MULLEIN IN CHRONIC BRONCHITIS.—Dr. H. Wilson, of Boonsboro, Maryland, in an article in the Medical and Surgical Reporter, speaks highly of the medicinal properties of Verboscum Thapsus, or the mullein plant. Says the remedy needs but to be tried to prove its efficacy in chronic bronchitis. The manner in which he uses it is simple, being merely drying the leaves and allowing the patient to smoke them in a pipe.

In that form of the disease in which there is dryness of the trachea with a constant desire to clear the throat, attended with little expectoration and considerable pain in the part affected, instant relief may be afforded by its use. While it promotes expectoration, it seems to act also as an anodyne in allaying irritation.

Books and Pamphlets Received.

To what Affections of the Lungs does Bronchitis give Origin?—A dissertation of 75 pages, by Daniel Denison Slade, M. D., of Boston, for which a prize of \$100 was awarded by the Councillors of the Massachusetts Medical Society. A neat and interesting essay of clearly drawn conclusions, discussed in a style peculiar to its gifted author.

Medicine for the Million—A Lecture introductory to the session of 1860-'61 of the St. Louis Medical College; by M. L. Linton, M. D., Professor of Theory and Practice of Medicine. Published by the class. An elaborate examination of all questions pertaining to medicine—truly "medicine for the million."

Annual Announcement of Lectures in the Atlanta Medical College for the session of 1861, with a catalogue of matriculates in 1860, and with all the graduates of the Institution. The seventh regular course of lectures in this College will open on the first Monday in May, 1861, and continue until the last of the following August. The peculiar facilities for instruction in the several branches have won for the institution a deservedly popular name.

The Physician's Pocket Memorandum for 1861.—We are placed under obligations to the author, (Dr. Cleveland, of Cincinnati,) for a copy of the above deservedly popular work. To the practicing physician a work on this order seems to us indispensable, and we commend the one before us to our subscribers as being the most convenient we have ever seen. In addition to the memoranda part, it contains a great deal of information of a practical kind.

We also acknowledge the receipt of "A Colloquy on the Duties and Elements of a Physician," from the author, Prof. Thomas S. Powell, of Atlanta Medical College; a work of 68 pages, written at the request of his private class.

We have received the proceedings of the eleventh annual meeting of the Medical Society of North Carolina, which indicate a high degree of prosperity. JOHN HUNTER'S WILL.—Among other curious items in the will of this distinguished man, we give the following, which we extract from the *Anthologia Hibernica* for November, 1793:

That his museum shall be offered to this government for sale at the sum of twenty thousand pounds. In case of refusal, it shall then be offered to every other nation at the same price. Should they likewise decline the purchase, it shall then be sold by public auction to any person who wishes to be possessed of this invaluable curiosity. The money arising from the sale to be divided equally among his relatives.

The museum has cost him upwards of ninety thousand guineas.

DIGTIONARY FOR THE BLIND.—We learn from the North American Medico Chirurgical Review, that Prof. Dunglison, in conjunction with Mr. William Chapin, has issued a Dictionary of the English language in raised letters, for the use of the blind. It is the first of the kind ever published. The work is in three folio volumes of two hundred pages each, and it is said that Professor D. bestowed upon it the labors of not less than four years.

AT HAERLEM, in Holland, so says Anthologia Hibernica for September, 1793, a cambric cockade is hung at the door to show the woman of the house is brought to bed, and that the husband claims protection from arrest for the six weeks of her confinement.

A breeding lady in those days, we presume, must have been a valuable acquisition.

THE medical career is so admirable, when divested of all cupidity; it brings so much into play the better feelings of our nature, that it often ends by being a virtue after commencing as a profession.—Lamartine.

THE ETHER PATENT.—The Hon. P. F. Thomas, Commissioner of Patents at Washington, deserves the thanks of the medical profession and the public at large, for refusing to renew the patent issued to Dr. Morton and Dr. Jackson, fourteen years ago, for the exclusive employment of ether to induce anæsthesia in surgical operations. The patent expired on the twelfth of November, 1860, and Dr. Morton, some months since, applied for an extension of the patent for a period of seven years. Dr. Jackson, however, would not assign to Dr. Morton the right of extension, and remonstrated against it. On this account the renewal was not granted, and the result has been that the would-be patentee has succeeded in preserving his name from an amount of odium from which he could never have recovered. a boon should be as free as the air of heaven.

It is strange, passing strange, that Dr. Morton, after having achieved so wonderful a discovery, should have been so insensible to his fame as to seek for a patent right. Poverty is a thousand times preferable, under such circumstances, to the most inexhaustible riches extorted from the groans of the people. After indorsing Dr. Morton's claims, as we were induced to do last winter, we deeply regret that he should have permitted himself to go again before Con-We sympathize with him in his poverty, brought on, as he alleges, by his attempts to introduce the use of ether, as an anæsthetic agent, to the notice of the profession and the public, and we think it is a burning shame upon our country and upon the age, that our National Legislature has not made him a liberal compensation for his great and inestimable services. If the labors of Jenner in the cause of vaccination deserved the recognition of the British Parliament, surely Dr. Morton is entitled to the gratitude of his countrymen for the sacrifices which he has made to furnish them with a safe means of preventing pain in surgical operations and in the throes of parturition.—North American Medico-Chirurgical Review.

Winchester's Genuine Preparation

QF THE

HYPOPHOSPHITES,

THE SPECIFIC REMEDY FOR CONSUMPTION.

DO YOU KNOW IT?

Consumption has hitherto, in all ages, been regarded as an incurable malady. It has defied every effort of the Healing Art to control its progress, or to subdue its ravages. It occupies the first place in the causes of mortality. "One-sixth of the whole human race," says Dr. Churchill, " and more than one-half of all the adult population of most civilized communities, perish by this disease."

"The CURE of CONSUM!TION, even in the second and third stages, [at a period, therefore, when there can be no doubt as to the nature of the disease,] IS THE RULE, while DEATH IS THE EXCEPTION."—Dr. Church-

iil, to the Imperial Academy of Sciences, Paris.

DR. CHURCHILL'S NEW TREATMENT.

"Consumption is a general disease, depending upon the deficiency, or undue waste, of the Oxydizable Phosphorous, normally existing in the economy, hence, the Specific Remedy for the disease consists in supplying the deficient element, by the administration of a preparation of phosphorous, which is at once assimilable and oxydizable. The Hypophosphites of Lime and Soda possess both these qualities in the highest degree. * * Consumption will be Prevented by taking care to keep the system supplied with a due amount of the phosphoric element. * * It, on the earliest appearance of the signs of Consumption, the patient takes daily about ten grains of the Hypophosphites, he will, usually, see them all disuppear in a period varying from a few weeks to a few months; and by continuing the occasional use of the Remedy, he will speedily find himself in the enjoyment of such health as he, perhaps, had never known in his life before."—Dr. Churchill's Letters.

THE HYPOPHOSPHITES

Not only act with prompiness and certainty in every stage of tubercular disease, even of the acute kind, called "Galloping Cousumption," but also with invariable efficacy in all derangements of the Nervous and Blood systems, such as Nervous Prostration, General Debility, Asthma, l'aralysis, Scroinia, Chronic Bronchitis, Marasmus, Rickets, (in children), Anemia, Chlorosis, Wasting, impaired nutrition, impoverished blood, and all morbid conditions of the system, dependent on deficiency of vital force. Their action is two-fold and specific: on the one hand, increasing the principle which constitutes Nervous Energy, and on the other are the most powerful Blood-Generating agents known.

The effect of this Remedy upon the tubercular condition is immediate, all the general symptoms disappearing with a rapidity that is really marvelous. The physiological effects of the Hypophosphites are shown by an increase of nervous power, sometimes even from the first day of their administration, together with an unusual feeling of comfort and strength. The nervous symptoms, if there have been any, disappear, as well as the functional derangements. The appetite increases, often in an extraordinary manner. The evacuations become regular and more abundant; the perspirations, if they have existed,

ccase; sleep becomes oulm and profound.

RECENT MEDICAL TESTIMONY.

I have prescribed and recommended your Preparations to more than three hundred patients. * * No medicine I have ever used, in the treatment of pulmonary diseases, has produced anything like the same favorable results as the Hypophosphites. * * After the use of this remedy for a tew days, there takes place a general improvement in all the symptoms; the cough grows easy, the night awents cease; the diarrhea is checked; the appetite improves; and there follows an increase of fiesh and strength, and a healthful vivecity and cheerfulness of sofirita, which I have never seen say other medicine produce.

cheerfulness of s. Tritt, which I have never seen say other medicine produce.

—R. H. Harrison, M. D., Port Richmond, N. Y.

I have used "Winchester's Hyporhosphites" in Plathisis, Anemia, and Ghlorosis, with marked success, curing a case of Consumption, where Tubercles no doubt existed in the second stage of development. I cared a case of Chao-

rosis at once, and wiveral cases of Anomia, where great debility existed.—Ira Barrows, M. D., Previdence, R. I.

I have prescribed Winchester's Hypophosphites in some forty or fifty cases of Computation Children. of Consumption, Chlorosis, Dyspopsia, Marasmus, &c., with the happiest results, having found them superior to all others.—Samuel II. Tenkesbury, M. D., Physician to the U.S. Marine Hospital, Portland, Me.

IMPORTANT CAUTION.

The extraordinary success of "Winchester's Genuine Preparations" of the Hypophosphites has stimulated the most Wicked Frauds upon the suffering public, by a certain class of apothecaries, who are offering their own worthless preparations, under the false pretense that they are "just as good" as mine. The country is also flooded with humbing circulars, pamphlets, papers, &c., by unscrupulous persons, offering Bogus Remedies, under the swindling pretense that they are Dr. Churchill's. I hereby CAUTION THE PUBLIC to be on their guard against all these lying devices to rob them of their money and their health. ** Write for Dr. Churchill's Treatise on Consumption, and for my General Circular, which embody the only authentic information in regard to the new treatment; and also reports from eminent physicians throughout to the new treatment; and also reports from eminent physicians throughout the United States and Europe, giving the results in many thousands of cases. Sent Free to all inquirers, prepaid.

"WINCHESTER'S GENUINE PREPARATION"

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Hedical and Surgical ENCYCLOPEDIA.

EDITED BY
HORATIO N. HOLLIFIELD, M. D.,
AND
TOM W. NEWSOME, M. D.



Lege totum, si vis scire totum.

VOL. I.

DECEMBER, 1860.

NO. 8.

SANDERSVILLE, GEORGIA: PRINTED BY J. M. G. MEDLOCK, MASONIC HALL BUILDING. $1860. \ \,$

PUBLISHED MONTHLY.

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GEORGIA

Medicul und Surgicul Encyclopedia.

VOL. I.]

DECEMBER, 1860.

NO. 8.

ORIGINAL COMMUNICATIONS.

DIPTHERITIS.

BY JAMES W. HUGHES, M. D., BERLIN CENTER, MAHONING COUNTY, OHIO.

The anomalous affection that has, within a comparatively recent period, received the euphonious and erudite appellation of Diptheria, is prevailing at this time as an epidemic in various localities, and with varying malignancy throughout the United States. In some neighborhoods, it is so mild that it excites but little anxiety, while in others, its visits are marked with a fatality scarcely less appalling than that which attends the desolating march of epidemic chol-In regard to its history, the opinions of the profession are discrepant and conflicting. While some regard it as a new disease, diffusing its pestiferous breath over our "sincursed" world for the first time, within the present century, and unknown in this country until within a very few years, there are others that believe they recognize in it the familiar features of an old acquaintance, well known and often seen, in "days of auld lang syne." They believe that its symptoms were carefully observed, and have been plainly recorded, by some of the earlier medical writers. word, they believe that the malady introduced to the profession a few years since, under a new and imposing name, is the "putrid sore throat" of many writers; the Fothergill's sore throat of more than a century ago-so called rosis at once, and a voral cases of Anemia, where great debility existed.—Ira Barrows, M. D., Previdence, R. I.

I have prescribed Winchester's Hypophosphites in some forty or fifty cases

of Consumption, Chlorosis, Dyspepsia, Marasmus, &c., with the happiest results, having found them superior to all others.—Samuel H. Tewkesbury, M. D., Physician to the U.S. Marins Hospital, Portland, Me.

IMPORTANT CAUTION.

The extraordinary success of "Winchester's Genuine Preparations" of the Hypophosphites has stimulated the most Wicked Frauds upon the suffering public, by a certain class of apothecaries, who are offering their own worthless preparations, under the false pretense that they are "just as good" as mine. The country is also flooded with humbug circulars, pamphlets, papers, &c., by unscrupulous persons, offering Bogus Remedies, under the swindling pretense that they are Dr. Churchill's. I hereby CAUTION THE PUBLIC to be on their guard against all these lying devices to rob them of their money and their health. ** Write for Dr. Churchill's Treatise on Consumption, and for my General Circular, which embody the only authentic information in regard to the new treatment; and also reports from eminent physicians throughout the United States and Europe, giving the results in many thousands of cases. Sent Free to all mouriers, prepaid. Sent Free to all inquirers, prepaid.

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frequent, and irregular; tongue dry, and dark red; exudation darker, very offensive, and partially disorganized; skin cold; mind wandering. Internal and external stimulation assiduously employed. She continued to sink rapidly, and died early next day.

I have chosen these cases, because, although the affection of the throat was marked by equally extensive exudation in both cases, the constitutional manifestations were very dissimilar. They represent the disease under its sthenic and asthenic types. Am I wrong in saying that the cases I have presented were the diptheria of to-day—the cyanche maligna, or putrid sore throat of "other days"?

Having adduced, as concisely as possible, the testimony of numerous writers, in proof that a disease having all the characteristics of diptheria has been known and recognized for centuries, by the profession, under various synonyms, I shall now endeavor to show hat the putrid sore throat, the angina maligna, the angina gangreneuse, the scarlatina maligna, the diptheria, &c., of different authors, is one and the same disease, radically and essentially identical—generated by the same morbific agent, and subject to the same general laws; and only varying in some unimportant symptoms, in consequence of varying epidemic influences, or the addition of accidental complications. Write out a list of the symptoms of either, without designating which, and the most astute Yankee in all Yankeedom would hardly undertake to guess to which the description would best In the mode of attack-in duration-in the local and general manifestations—in the sequelæ—in the ratio of mortality—in everything essential, they "are one and inseparable."

It is claimed that an eruption is diagnostic of scarlatina. If it were always present in that disease, and never present in diptheria, the claim would seem valid. But is it so? I venture the assertion that the physician cannot be found, who has had much practice in scarlatina, who has not frequently seen cases manifesting all the symptoms of scarlet fever in a severe form, except the rash; while other cases

in the same families at the same time have had the rash. Dr. Wood, in treating on scarlatina, says:-"It is certain that cases of sore throat sometimes occur during the prevalence of scarlet fever, having all the symptoms, and running the exact course of that disease, whether in its milder or malignant forms, with the single exception that the eruption is wanting. It is even stated by Willan, that such cases are capable of imparting scarlet fever." Watson, in his Practice, says: "In that variety of the disorder (scarlet fever) which we call scarlatina maligna, the rash is apt to come out late and imperfectly, and sometimes not at all." Eberle, in his article on scarlatina maligna, says: "The fever and ulcerous affection of the throat frequently exist without an eruption at any period of the disease." Doctor Nebinger, as reported in the Medical and Surgical Reporter, quotes from Willan, as follows: "Experience, however, decides that simple scarlet fever, the scarlatina anginosa, the scarlatina (or angina) maligna, and the scarlet ulcerating sore throat without the efflorescence on the skin, are merely varieties of the same disease; that all of them proceed from the same source of contagion is evident, because, under the same roof in large families, some individuals have the disease in one form, some in another, about the same period."

Doctor Nebinger farther says, that Doctor Johnstone, in his description of scarlet fever as it prevailed in Worcester, in 1778, remarks that "Some individuals at the first seizure were, more or less, severely attacked with the scarlet eruption, with swelling, redness, and ulcers of the throat; yet others in the same family, infected from them, and by them, had ulcerated sore throat without any efflorescence, or eruption on the skin." And he quotes Dr. Tweedie as endorsing these views, and ad ling-"We had lately an opportunity of observing in one family the simultaneous appearance of the various forms of the disease." I have witnessed the same thing within the last year.

Having called up "a cloud of witnesses" in proof that an efflorescence is not always present in scarlet fever, we shall quote some authorities to show that it is not always

absent in diptheria.

In a synopsis of a discussion of diptheria, in the Cincinnati Academy of Medicine, reported by Dr. Thucker, of that city, (Cor. Med. & Surg. News), he quotes Dr. Murphy as having related several cases that he had met met with in the last two or three weeks, and saying "In but one was there any eruption upon the skin. This was a little girl, upon the surface of whose body there was an efflorescence similar to that in scarlet fever, which upon disappearing left the skin scaly." Dr. J. B. Smith followed Dr. Murphy. "In one family that he had attended upon, one of the members was attacked with diptheria; while it was convalescing another was seized with scarlatina; afterwards another took diptheria, and another scarlatina." Dr. Thacker patiently observes, "It seems to us they were all either cases of diptheria, or scarlet fever: probably as it is the most fashionable disease, they were all cases of the former; those having an eruption being like Dr. Murphy's case before mentioned, diptheria with an efflorescence."

While visiting a relative at Loydsville, Belmont county, a few weeks since, at which place diptheria was alarmingly prevalent, I accidentally fell in company with an eclectic who was practicing there, who assured me that in a family that he had recently attended, two or three of whose members had died of diotheria, one of the fatal cases—that of a lady some thirty-five years of age-exhibited a profuse scarlet eruption over the whole external surface: appearing first, on the second or third day of the disease, and continuing until death, which occurred on the fifth or sixth day of the disease. Though I have no doubt of the truth of the above case, I should have hesitated about citing it upon such questionable authority as eclecticism affords, were it not corroborated by the testimony of several intelligent ladies, whose veracity no one acquainted with them would call in question. Those ladies saw the case under consideration daily, while the woman lived, and one of them assisted in preparing the body for sepulture. They are as competent to bear testimony to a fact so cognizant to the senses as a florid rash enveloping the whole body, as the most astute and observing physician would be.

My son, W. R. Hughes, M. D., who has assisted me in my practice for several years, states that Mr. H.'s family, numbering seven or eight children, on whom he attended the past summer, exhibited diptheria or scarlatina, with and without the eruption. They all had sore throat, with exudation, more or less. The younger members also had a scarlet eruption over the entire body. In the older ones the rash was absent.

I shall close this article-with a somewhat long but deeply interesting extract from some remarks made in the Philadelphia County Medical Society, reported in the Medical and Surgical Reporter, by Dr. Atkinson:

"Dr. Nebinger said, that for one, he was happy in having an opportunity to declare that his conviction, based upon observation and reason, is, that diptheria is an accumulation and development of morbid phenomena produced by the materies morbi of scarlatina: that it is scarlatina without the rash; and here he would remark, that there is no wider departure in the morbid phenomena of the so-called diptheria from those of scarlatina maligna, than there is in the phenomena of scarlatina simplex from those of scarlatina maligna; and if diptheria cannot be regarded as a variety of scarlet fever because of the absence of the eruption, it is equally as reasonable and philosophical not to regard scarlatina simplex as a variety of scarlatina because the angina is absent; the disease of the fauces in scarlatina being at least as important and as attractive as a phenomenon of the disease, as the efflorescence on the skin. Indeed, regarding scarlatina maligna as the type—the fullest expression of all the phenomena of fully developed scarlatina—then is it true that diptheria is vastly more like the type, than is scarlatina complex; and being more like the type, and springing up under the circumstances it does, it deserves to be recognized as a form of scarlet fever." The same writer continues: "Thus, then, from our own observation, as well as from those that have written upon diptheria, we know that not only in its introduction and development that it resembles, yea, is identical with scarlatina, save only that

the eruption is not present; but we also know that in its sequelæ it is identical with the sequelæ of scarlet fever. Then, with these facts before us, and recollecting that undoubted authorities and observers have declared that scarlet fever in its malignant form sometimes exists without any efflorescence on the skin, how can we come to any other conclusion than that diptheria is a variety of scarlatina—scarlatina faucium."

I have earnestly endeavored to establish the identity of diptheria with scarlatina, because I believe a contrary view has been productive of untold mischief by misleading the minds of medical men, and thus rendering their treatment vacillating and unsettled, while it has injuriously affected the public by exciting that morbid anxiety and alarm that are ever attendant upon the supposed existence of a new and fatal disease.

December, 1860.

Diptheria.

BY E. W. SPAFFORD, M. D., PORTLANDVILLE, OTSEGO COUNTY, N. Y.

This disease first made its appearance in the central portion of Otsego county, N. Y., in the fall of 1860. The premonitory symptoms make their appearance very suddenly. In many cases the attack was so violent, that in six hours after the chill the patient was completely prostrated. In every case witnessed by me, more or less fever succeeded the chill, usually of a typhoid character; in a few cases it assumed a typhus type. No symptoms attended it, which, in forming a diagnosis, could be confounded with scarlatina. Although in both diseases the throat is affected, yet the diseased condition of the throat and esophagus differs very materially. Pharyngeal paralysis attended several children that came under my care, requiring active stimulating appliances, and the saline bath. The secondary symptoms or after effects of diptheria proved very troublesome, and in some instances fatal. I noticed in two or three children, spots upon the surface resembling petechia, one of which

(to all appearance) was suddenly attacked with syncope, in which state he ceased to breathe. I have lost none to whom I was called within forty-eight hours after the attack.

If it has not been done, my first business is to relieve the stomach and bowels of their morbid contents by the use of a gentle cathartic; apply tincture iodine to the neck, and with a sponge probang, alternately apply chlorate potash and nitrate silver j dr. to f. oz. aqua pura to the ulcers in the throat; sponge the body with diluted nitro-muriatic acid; gum water, beef tea, wine, quinine and iron, as the case may require. Tonics are indispensable. If neglected or too sparingly used, alarming debility may ensue, the surface of the body become colorless, muscular power in a very short time lost, and the patient soon cease to breathe.

I have been much gratified at the beneficial results growing out of the use of nitro-muriatic acid to the surface. It not only acts as a counter-irritant, but as a tonic. When I have had opportunity to use it early in this disease, I have not witnessed the debilitated, flabby, softened condition of the muscles, or colliquative sweats which so often lead us to an unfavorable prognosis.

December, 1860.

Epistaxis-With Cases.

BY SAMUEL E. LAWRENCE, M. D., MT. HERBERT, MISSISSIPPI.

EDITORS ENCYCLOPEDIA—Gentlemen:—Believing that every man should feel willing for his fellow man to profit by his experience, and as your journal affords a medium through which medical men may interchange ideas—which I hold to be a paramount duty we owe to suffering humanity—allow me the space in the Encyclopedia to make a few remarks which I trust may prove of practical benefit to at least some of your readers.

Epistaxis, or bleeding from the nose, is of quite common occurrence, owing to the extreme tenuity of the schneiderian membrane, from whence the hemorrhage escapes and

the great number of blood vessels which permeate this membrane. These vessels are supplied, principally by the internal maxillary, with some of the ramifications of the internal carotid arteries. The causes of epistaxis, in one sense, are numerous; though strictly speaking, too antagonistic conditions of the blood and blood-vessels alone induces it: that is, increased activity in the one (sometimes a want of plasticity), and inelasticity or incapability of distension in the other. Pathologists apply the terms active or entonic to the first of these conditions, and passive or atonic to the latter.

CASE I. Early in the month of June, 1856, I was summoned in great haste to the plantation of Col. Bentley, a distance of five miles, to see a negro man whom the messenger informed me was about to bleed to death from the On reaching the house I found the patient a stout, healthy looking boy of some twenty-one years of age, propped up against the bedside with a large oven placed upon his head after the manner of wearing a hat. This mirthprovoking remedy was, I ascertained, prescribed by the old "granny" of the plantation—an old woman upwards of four-score and ten-a pretty fair prototype, I imagine, of a ghost. With all respect her age, rather than her knowledge of the science of medicine, merited, I urged the immediate removal of the oven, and, instead of the head, I ordered the feet placed into it, filling it with water as warm as he could bear it, at the same time having frictions applied to excite the circulation in those parts which were clammy and rather cold. Cold water was applied to the head while I was preparing an astringent mixture of alum and kreosote, which, when ready, I injected into the nasal This seeming to do no good, my next and favorite resort was to plug up the anterior and posterior narres by means of a bit of lint, which afforded instant relief. ging them to allow the plugs to remain until the next day, I left him, and at the appointed time returned and removed them. Giving him directions to prevent a recurrence, I again left and have not seen him since, though I am informed by his owner that he has never had a second attack. Perhaps it is necessary to state in reference to this case, that the bleeding was from both nostrils, and was brought on, I have no doubt, by inordinate exercise in the hot sun, "racing," as they term it, at hoeing cotton.

CASE II. A little girl, about eight years of age, the daughter of Mr. E. N. S—e, awoke early one morning about the middle of May last, vomiting blood. The parents becoming alarmed sent for their family physician (a homeopathic) who pronounced the hemorrhage from the lining membrane of the stomach, and directed his remedies to that end. Observing no improvement after persisting in his course of treatment five or six hours—the patient growing worse the while—he concluded her case was a hopeless one and so expressed himself. Late in the afternoon of the same day I was sent for, and saw her at 7 o'clock. I found the extremities cold, pulse irregular and thready, eyes expressionless, respiration irregular, perhaps quickened with an occasional rhoncus.

Up to this time she had lain upon her left side, but in order to facilitate my examination I placed her upon her back. Percussion over the right and left lungs, stomach and abdominal visceræ, indicated not the slightest disease of either of these organs. My attention was then directed to the throat, and a casual examination proved the fact, that instead of hemorrhage from the stomach, it was simply a case of epistaxis with the hemorrhage escaping through the posterior narres down the throat. I immediately went to work and by means of injecting pulvis gum acaciæ, plugging up the anterior and posterior narres with lint saturated in a solution of alum and kreosote, it soon formed a clot, which arrested the hemorrhage, and I discharged the patient a few days afterwards in perfect health.

SELECTIONS.

Statistics of Insanity.

[From the American Medical Times.]

The inaccuracies of census returns in this country have frequently been made the subject of just criticism by statisticians, and in no department are these defects so inevitable and so wide from the truth as in respect to insanity. another column our readers will find an interesting resume of the statistics of insanity in the State of New York. The census returns of 4,455 insane persons in this state in the year 1855, were enough to raise the question, "What shall we do with the Insane?" But, as our correspondent suggests, there can be no doubt that the actual number is far greater than the figures of the census returns. From what we know of the manner in which the census of 1860, as well as that of 1855, was taken, we may justly doubt whether one fifth of the insane persons in private houses in the cities and large villages of this State has been recorded in the returns. We agree with Dr. Bradford that the first duty of a State Commission of Lunacy would be to obtain an accurate census of all classes of the insane in the state; for without such definite knowledge of their number and condition, the plans for improving their welfare would inevitably be defective. The means for taking such a census would be simple and reliable, and the expense comparatively For it is manifest that perfect accuracy in such matters could not be reached except by means of confidential correspondence between the commissioners and the physicians and the clergymen of the entire State.

In the year 1854 such a work was successfully undertaken by a State Commission in Massachusetts, and the results showed that instead of 1,680, the census number, there were no less than 2,632 insane persons known to the physicians within that State—thus showing an excess of more than fifty per cent. above the stated census returns.

The plan adopted by the Massachusetts Commission was as follows:—

"The Commission determined to address every physician in the State, asking each one to give information relative to the persons and condition of all the lunatics and idiots within his knowledge. They sent a lithograph letter, stating the several objects of inquiry, and inclosed a printed schedule, or form of return, which contained all the heads under which the answers were to be recorded. They asked for the name, sex, color, age, country of birth; whether single, married, or widowed; whether lunatic or idiot, present and usual condition; whether mild, manageable, troublesome, excitable, furious, or dangerous; whether subject for a hospital or not; length of disease; if periodical, the number of attacks; whether curable or not; whether the remedial influences of any hospital had ever been tried for restoration; where resident, if not in the town of the reporter; and whether State or town pauper, or independ-A pledge was given that none but the Commission should see the names of the persons reported, and in fulfilment of this promise, after the reports were prepared and corrections made for the duplications (two or more physicians reporting the same person), the names were erased."

Such statistics are greatly needed, and undoubtedly the means adopted by the Massachusetts Commissioners would be equally successful in every country. And in the State of New York, or in any other State, it is not probable that the inaccuraciès of census returns would be found less than in Massachusetts. Hence we may safely conclude that the actual number of insane persons in the State of New York is not less than 6,700. Indeed there are good reasons for the opinion that the total number of the insane in the State would be found to be very nearly seven thousand.

In a future number we shall insert a comprehensive statistical summary of the hospital and asylum facilities for the care of the insane in the several States of the Union. We forbear comments upon the meagreness of these pro-

visions for lunatics in our country. These asylum statistics will tell their own story, even when compared with the imperfect census returns of insanity, while the tens of thousands of insane and idiotic poor who cannot find admission to suitable asylums, are at this hour treated more fike brutes and fiends than like human beings. Pleasant as are the exceptions to such a rule of treatment, the heart of humanity would be shocked at the scenes that still may be witnessed in the wretched sties and rookeries in which most pauper lunatics are confined; while in many a sequestered hovel or garret, where squalor and bodily suffering have been needlessly substituted for domestic and personal comfirts, sits

"moody Madness laughing wild Amid severest woe."

We can conceive no higher mission of the medical profession than that of searching out, and preventing or mitigating the causes and adverse conditions of mental disease. Whether in health or in the disorders of mania, "the care of the human mind is the most noble branch of Medicine." Upon the physicians of our State and Country mainly rests the responsibility of securing for the insane that care which their deplorable condition demands.

Treatment of Hæmorrhoids-

The Professor, in a recent clinical lecture makes the following remarks:

"I was sometime since a great partisan of the actual cautery in hæmorrhoids, at least since it could be employed under conditions formerly impossible. In fact, nothing can be more painful than its application. I have seen cauterization employed many times by Dupuytren, who first excised the tumor and then cauterized; but so terrible were the sufferings of the patients, that I could scarcely have made up my mind to have recourse to it, had not the means of preventing pain by chloroform been discovered. I have since then frequently had recourse to cauterization with the best results; and if I do not employ it now it is be-

cause we have at our disposition another operative procedure, which is just as good, and which is not painful either during or after its application. I mean ecrasement lineaire.

It is usually unattended with hemorrhage, and when, as is sometimes the case, there is a certain amount of bleeding, this may at once be arrested by a powerful hemostatic, the perchloride of iron. The union of these two means, then, constitutes an excellent method for the ablation of hemorrhoids.

"One word about ligatures. All surgeons at the end of the last century and the beginning of the present were very fearful of applying them, owing to an instance of fatal hemorrhage which occurred after the application of the ligature by J. L. Petit. I believe I am right in affirming, guided by the case related by Amussat, and by those which have occurred in my own practice, that these surgeons entertained the most erroneous notions concerning the results of the ligature employed for hemorrhoids. It is an excellent operation, by means of which patients may be cured in eight or ten days without any accident; and, indeed, I may place it on the same line with ecrasement lineaire. The latter has, however, the indubitable advantage of causing the fall of the tumor within a few minutes, although perhaps it offers somewhat less security against hemorrhage.

"There is one thing to be well borne in mind, viz., that all these operations practiced in the vicinity of the anus, however simple they may be in appearance, may terminate in a fatal manner. This is a powerful motive for insisting as long as possible on palliative treatment, only performing an operation as a last resort. Quite recently, one of our leading surgeons applied a small portion of Vienna caustic to a hæmorrhoidal tumor, and the patient was dead next day; while in another case, an incision made into a fixtula scarcely a centimetre in length, was followed in a few days by fatal purulent infection. I was myself consulted some years since by a man who having acquired great wealth, complained bitterly of not being able to enjoy it in consequence of a hæmorrhoidal tumor. I advised him to bear

with it, but some time after abundant hemorrhages having come on, he entreated its removal. He manifested all the signs of complete ansemia. He did not suffer during the operation, but scarcely had he recovered consciousness when he complained exceedingly. I appeased the pain and all seemed doing well, when on the sixteenth day violent shivering ushered in purulent infection and he died. The conclusion to be drawn from all this is, that you should never operate except when you can not possibly avoid doing so, since when you least suspect it you may meet with sinister events similar to those just adverted to.

"One more word with respect to ecrasement lineaire. This operation has during some time been frequently resorted to; and it is for this description of tumor it is perhaps best adapted. But I ought to inform you that in most cases the operation is badly executed. For a short time after its performance the patients are delighted, and the surgeon believes that he has attained a splendid result; but in the course of a few months the cicatricial tissue contracts, and the patients suffer from an anal stricture. During about a twelve-month I have had a great number of patients, who have come to me in order to undergo an operation for the relief of this unfortunate consequence of removal of hæmorrhoidal tumors—the stricture sometimes scarcely admitting the passage of a quill. It has arisen because not only the mucous projection which alone constitutes the disease has been removed, but also a more or less considerable portion of the skin of the orifice of the anus."—Brit. Review.

EARLY PREGNANCY.—A case is related by Doctor Blane of "a girl about fourteen years of age, (not married,)—she had no appearance of puberty; no mammæ; pubic region, that of a little girl; vulva more spare than I ever knew in any case; and yet she was delivered, after a natural labor of four hours, of a fine healthy-looking boy, weighing nearly ten pounds. The child has, of course, to be nourished artificially.—Transact. State Medical Society of N. J.

Induction of Premature Labor.

[From the Nashville Journal of Medicine and Surgery.]

A few remarks on the moral and physical bearing of the subject before us, upon the profession, the mother, and the public at large, may not at this time be altogether inappropriate.

If we are not altogether mistaken in our observations, the medical profession and society in general are sadly at fault in this matter, and especially at this age, when fashion runs rampant over every law of our physical nature, and at its imperative demands the dearest interests of health and social happiness are often sacrificed. Our code of Ethics, and sense of honor, as professional men forbid our pandering to the wishes or caprices of our patrons, no matter to what class of society they may belong, when, by complying with their wishes we in any way violate the great laws of our physical nature. I wish here to bear my testimony against secret abortion, because I believe the enormity of the crime is not fully realized by many whose business it is to alleviate human suffering, and aid in restoring any aberration from the great laws of our nature; or if believed. other influences often bear more heavily upon the physician than his adherence to what he really believes to be for the best good of his patient. I know at times it requires some decision of character and self possession to deny requests that are often made members of our profession to relieve women from pregnancy, who are unwilling to undergo the suffering consequent, and above all, to deny themselves the pleasures and privileges of fashionable society.

But surely every dictate of his better judgment forbids the physician resorting to any course so directly in violation of the laws of nature. Said a respectable gentleman to us a few days since, on making application for our services to produce miscarriage, "Why our physician at the East was in the habit of producing abortion in the early stages of pregnancy when his patients requested it, and said when early produced there was no danger," and then added as a further inducement, "and he was a physician, too, in high

standing in the profession and in the community." Now we disclaim against any such conduct, and say that no physician can be true to the trust reposed in him—true to the best interests of society, who will, however secretly, pursue such a course. The laws of generation are natural laws, and he who ruthlessly lays his hand upon them is guilty in the sight of heaven and injured humanity.

How shall he decide the question at what stage he may destroy the conception and yet be guiltless? Who shall decide at what precise point he may, or may not be guilty of taking human life? Shall it be said that at the fifth or sixth week after conception, as it often is urged, he may destroy the germ, or even at an earlier period, blight the seed destined to grow into the future man?

Who shall judge at what identical point the immortal shall begin its existence? If the Eternal has ordered the laws by which man shall have his being, who shall daringly raise his hand in violation of these laws? Who shall say at what precise point mind and matter become connected? So far as the "morals" of the act is concerned, in our opinion it matters not whether the human is destroyed in its incipiency, in its more refined or ethereal existence, or in its more matured and material developments. In any act of violence done for its destruction the great laws of nature are contravened, and these laws are never violated without injury—meral, physical, or both.

It is a well known fact, that however instances may occur, where no apparent injury may result to the mother, that the general tendency of induced abortion at any stage of pregnancy is to deteriorate the health of the female, and often results either in death or the impairment of her health for life. We could relate abundant proof of this, occurring from the conduct of the patients themselves, or from the ill-advised practice of unprincipled physicians. No one will deny that there are instances, when to produce premature labor would be the dictate of science and common sense. When from malformation on the part of the mother, or from some foreseen cause, matured labor would result in death.

But these extreme cases which come under the great laws of general principles, are not the ones we are combating. We are opposing the practice of secret abortion, so commonly resorted to in what are called the "higher classes of society," (or in any class—high or low.)

A lady wishing to spend the summer in traveling, or not willing to be "annoyed raising more of a family," and, as she says, subjecting herself to the cruel suffering and privations consequent upon it, applies through her husband to their family physician, or if she knows him principled against such a course, to some other physician who, induced, it may be, by the prospect of gaining the patronage of so important a family, together with promise of present reward, lays down whatever sense of honor he may have had in the matter, and panders to and aids in the practice and perpetration of a corrupting and degrading vice—a vice which strikes at the very root of human existence—which blights the hopes of connubial happiness and brings desolation and death in its train.

No, we contend however fair the professional man may stand, who will so let down the moral dignity of his profession as to aid or abet in any way a practice of this kind, he should be looked upon as falsifying his profession, an enemy to society, a whited sepulchre, bearing the emblems of purity and benevolence externally, while within he is full of disease and rottenness, scattering death in his track.

Let the voice of an enlightened profession cry out against this crime, and condemn its practice under every circumstance; let them scorn the bribe, however secretly offered, and instruct their patrons in the great laws that should regulate our moral and physical nature, and peace and happiness will be restored to thousands of homes—health to wan and pallid cheeks—the dignity of our profession raised above so low a meanness, and death despoiled of multitudes of his victims.—J. N. Graham, M. D., Chicago, Illinois.

International Uniform for Army Physicians and Surgeons.

[From the Philadelphia Medical and Surgical Reporter.]

Some of the European governments have lately entered into negotiations regarding the matter of army physicians and surgeons. During the last Austrio-Sardinian war, it happened several times that surgeons were killed in the battle, because there was nothing to distinguish them from other officers. All feelings of humanity revolt at the idea that a surgeon, while the work of brutal destruction is going on around him, and he alone ministers to humanity amidst the groans of the wounded and dying, should be cut down by a sabre, or transfixed with a bayonet, while on his errand of mercy.

Physicians are not cowards, Heaven knows. There is in our ranks quite as much heroism, and there has been quite as much martyrdom as in any other profession. It is not from want of courage that the adoption of international measures is urged, which would protect the army surgeon from the enemy's bullet and lance, but simply to secure to the poor wounded victims of war a better opportunity of obtaining relief.

The best plan which has been offered, is, that by an international agreement, the army surgeons and physicians of all nations shall wear the same uniform, or that the latter have at least some peculiar and easily recognizable feature, common in all, which would, at all times, and under all circumstances, prove a protection.

There is no reason why this plan should not be carried out. A great deal of fighting is in the perspective of the year upon which we have just entered. Before the beginning of our next volume the whole of Europe may be in arms. But while nation is arrayed against nation in deadly strife, let medicine, or "Clinical Christianity,"—to use the words of the venerable Dr. Alexander H. Stevens—at least remain unshaken and unmoved by the noises of fratricidal combat.

While the humane spirit of the age leads to such measures among the nations of the Old World, it is mortifying

to behold in our country some physicians and representatives of the medical press, so lost to all that is high and ennobling, that they unblushingly, and without shame, attempt to sectionalize science for the sake of their own selfish interests. We tell these men that secession or no secession, union or no union, war or no war, the great heart of the profession in this country will not allow sectionalism to triumph over science, and that when the excitement of the hour shall have passed, and the darkness which now overcasts the political sky shall have given way to sunshine once more, they will find that they have unskillfully played with a boomerang—a projectile used by some Islanders, which, when thrown by the inexperienced, is apt to come down forcibly on the projector's nose.

On the Operation for the Relief of Phymosis.

[From the London Lancet.]

Few of the minor operations of surgery are performed in more varied ways than those commonly practised for the cure of phymosis. Some surgeons are content to imitate the Hebrew circumscisors; others simply slit up the prepuce, and, having introduced a few sutures, leave the angular flaps so produced. In infants it probably does not matter very much which course is pursued; provision having been made for the free exposure of the glans penis by a sufficiently large aperture in the prepuce, nature generally adapts the structures nearly to the normal type by a gradual and modified development, so that scarcely any vestige of either the defect or of the operation practised for its relief can be seen in after life. But with men and boys, in whom there is no longer this mode of adaptation, it becomes a matter of more consequence that the operation should leave the structures concerned in the nearest possible condition to that which nature usually produces, as growth and development can no longer compensate the deficiencies of art.

Under these circumstances, a moment's reflection will

suffice to indicate the procedure which will best effect the object in view. The aperture being contracted and rendered inextensible, principally by the rigid mucous layer of the prepuce, it may obviously be most easily enlarged, and with least mutilation and violence of the organic relations, by a curved incision corresponding with its free margin. frænum and its lateral prolongations into the prepuce will thus be left intact, and the size of the aperture increased at the expense of the dorsal portion of the prepuce. Having, then, decided on the mode of enlarging the aperture, what is the best means of effecting it? After seeing a considerable number of these operations performed by others in the various ways detailed by systematic authors, and from some experience of them myself, I have latterly performed the operation on a plan which, so far as I know, differs from any other, and I believe affords facilities and advantages over all.

Let us take a common example, in which the aperture has gradually become so small that it may be compared to The ordinary silver probe with a point may be a pin-hole. introduced by drawing forward the prepuce from the glans penis, and passed as high as the reflection of the prepuce from the penis. This being ascertained, it may be pushed through the prepuce a little nearer to its free margin or at any other part sufficiently distant to allow of the necessary increase of aperture. An ordinary straight needle, armed with a piece of fine silk, should then be passed through the prepuce at short distances, so as to act as sutures. may be done as follows:—An assistant holds up the probe, and the operator with one hand stretches the prepuce downwards, and with the other transfixes it with the needle in a curved line, reaching from the orifice to the point of puncture, so marking out the portion of the prepuce to be removed. At least a dozen sutures should be passed, and the upper one should be a little higher than the aperture made with the probe. Then with a sharp pair of scissors cut off the piece of prepuce between the probe and the sutures at the distance of two lines from the other.

eval aperture, having its long axis perpendicular, will have been made. The centres of the sutures are then drawn upwards and divided, so that each silk forms two, and lightly tied. A little wet lint is wrapped round the penis, and the patient laid on his back, with a cradle to support the bedclethes.

This operation differs from the French mode of procedure with the fenestrated forceps principally by substituting a curved line of incision, by which only the dorsal portion of the prepuce is removed, and the frænum left intact; and the scissors allow of a more clean and accurate incision than the bistoury.

Menstruation and Fecundation.

From 1839 to 1853 Prof. Bischoff has had occasion to examine with care the genital organs of thirteen females who died during, or a short time after menstruation. These thirteen cases related with detail, confirm the current theory of ovulation, viz: that at each menstruation a follicle [graafian] ripens, swells, ruptures, in most cases furnishes an ovum and is replaced by a yellow body. The question has been raised as to whether or not the rupture of a follicle and the escape of an ovum always takes place, without exception. M. Coste, for example, cites cases where menstruction has taken place without the rupture of a follicle. The author regards the evidences brought forward by M. Coste in support of this assertion, as insufficient; yet he admits its truth, according to his own observations, and adds, that this circumstance may become a cause of sterility. Menstruation is, in truth, a regular symptom, and announces a labor upon the part of the ovaries—this symptom meanwhile may fail without the labor itself having ceased to take place, and a woman, therefore, who has not menstruated may become pregnant.

But the contrary also may take place; the expulsion of the ovum may be wanting in spite of the sanguine flow; then the ovum, although ripe, remains in the follicle, and sterility is the consequence.

M. Bischoff speaks much in his work of the state of the uterine mucous membrane during menstruation.

It is to the German anatomists, particularly to the learned and venerable Earnest Henri Weber, as well as to Prof. Baschoff, that belongs the merit of having made known that the caducous membrane is not a new product, but that it is due to the development of the normal uterine mucous membrane.

This development of the internal membrane of the uterus is also seen at the period of menstruation, as it appears from a number of observations made by various anatomists.

The new facts recorded in the work of M. Bischoff confirm completely this view. The author also thinks it proper to regard the development of the mucous membrane of the uterus during the menstrual labor as a healthy phenomenon. When this labor is incomplete, the development in question is less, and may be wanting. The author finds here another cause of sterility—a cause quite frequent, and strictly connected with menstruation itself, or rather with the whole (a l'ensemble) of the genital labor.

It is apparent from these few words how many questions present themselves by this study of the progressive development of the vesicles and ovules in their relations with the menstrual flow, and the uterine labor.

The profound study of all these phenomena interests in a high degree the practitioner, for it is not impossible that the very different causes of sterility upon the part of the female may be discovered, and that the means to re-establish and regulate the organs of reproduction may be found.

—Gaz. Med. de Paris.

ANOTHER NEW REMEDY FOR TÆNIA.—In addition to the vaunted powers of Kouso, Kameela, and Pumpkin seeds, an infallible remedy is now claimed in the Panna Root, an African product of the Ansepidium Anthamanticum.

Report of several cases of Diptheria-

[From the St. Louis Medical and Surgical Journal.]

In the latter part of September, a family consisting of a gentleman, his wife, and two children, visited our city, for the purpose of attending our State Fair. Soon after their arrival, the wife was attacked with sore throat, and I was requested to see her. The husband stated to me, on the way, that he felt serious misgivings about the character of the disease, as they were from Kentucky, where diphtheria had been, and was still prevailing in a very malignant form. Upon examining the throat, I discovered indications of a grave and ominous character: nearly the whole of the lateral aspect of the throat (involving both sides) was covered with dirty whitish patches, under which there was a tendency to ulceration of a superficial character; the entire periphery was inflamed: the tonsils were somewhat swollen and deglutition was painful; the neck was also slightly swollen on the outside. The general symptoms were anorexia, constipated bowels, coated tongue, quick pulse, with cool skin. Though these symptoms were grave enough, the uneasiness which I felt was caused more by the alarming accounts which I had heard of the disease in Kentucky, than on account of the severity of the symptoms them-I at first applied to the diseased surface, by means of a large camel's hair pencil, a strong solution of nitrate of silver, and directed the bowels to be opened. I then put her upon the following R—Chlorate potass, dr. iii; acid hydro-chloric, dr. i; sulph. quinin., scr. i; aqua dist. oz. viii. M. Dose, a tablespoonful every two hours, or oftener. Visited the patient in the evening, symptoms unchanged. Again applied solution nitrate silver; prescription continued. On the following morning I regarded her condition as being more favorable. The pulse was however still frequent, numbering about 100. Treatment continued, with the addition of wine. From this period improvement continued, and the patient recovered.

While in attendance upon the mother, one of her children, a little girl about four years old, was attacked with

the same disease. She was treated upon the same general principles, and recovered. Tinct. ferri muriat. was given to both during convalescence. There were no other cases in the family, or among the friends with whom they were stopping.

While attending upon these cases, a gentleman living in Stoddard Addition called on me, and desired me to see a negro girl about eleven years old, who was laboring under sore throat, and seemed quite unwell. I learned also that some friends from a distance had been stopping with him, and that some of the children had been affected with sore throat, from which they had not fully recovered when they arrived at his house. I visited this girl, first, Sept. 29th. Upon examining her throat, a very unfavorable condition was presented. Both sides of the throat were covered with a whitish exudation, under which there was considerable ulceration; there was also great surrounding inflammation with swelling of the tonsils, and of course difficulty in swallowing; articulation was hoarse and indistinct, and there was a very copious flow of saliva, as if the patient were laboring under mercurial ptyalism; pulse frequent and small; the bowels were constipated, tongue coated, and there was no desire for food. I could not but regard the symptoms as being of a grave character. The throat was first penciled with the nitrate of silver in solution, and then put upon the mixture above, viz., chlorate potass, quinine, and muriatic acid, with the free use of wine. The bowels were kept soluble by means of ext. rhei; and fluid diet, consisting of milk and broths, was ordered. The next day there was but little change in the general condition of the patient, except that there was very great external swelling The treatment was continued, with the addiof the neck. tion of tinct. iodine externally applied. In the course of a day or two there was evident improvement both in the general and local symptoms: the pulse was improved; the external swelling had almost entirely disappeared, deglutition was effected with comparative ease, and articulation was more distinct; the patient slept and breathed comforta-

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bly; the ulceration, though remaining, showed indications of healing. I now felt satisfied that the patient would recover; but in a few days the ulceration began to deepen, with a tendency to sloughing, and involved not only the mucous membrane, but seemed to extend to the muscular Deglutition became very painful. The tinct. sesquichloride ferri was substituted in the mixture for the muriatic acid, and aqua chlorine was applied to the diseased surface by means of a probang, and a domestic gargle of a decocton of sanguinaria, which had been suggested, was To counteract symptoms of prostration, quinine, wine and carbonate ammonia were freely used. Swallowing soon became very difficult, and the effort produced the most violent pain in the ears, so as to cause the sufferer to place the hands to the ears and writhe in the most distressing manner. When the stimulants were regurgitated through the nose, an effort was made to rally the patient by the use of active stimulants per rectum, but without effect; the pulse became more and more feeble, and for some time before death was no longer perceptible, and yet there was no dyspnœa, and the patient appeared conscious up to the hour of dissolution, which took place October 13th.

While in attendance upon this case, the mistress began to complain of debility, with some irritation of the throat, which upon examination was found to be congested, but no ulcers were discernible for five or six days. As the lady is an unusually nervous, timid woman, I thought that most of her disease was imaginary, or the result of nervous debility, and prescribed sugar-coated assafætida pills, and occasionally the mixture chlorate potass, quinine, and muriatic acid; but in five or six days, notwithstanding this treatment, several superficial ulcers were seen, covered with flocculent matter. In some places, where these little flakes were removed, the epithelium remained unbroken, in others there was abrasion of surface. The solution of nitrate silver was applied a few times; the decoction sanguinaria was freely used as a gargle, and as the lady complained of debility wine was ordered, and the mixture containing quinine (as above) was taken more frequently. The appetite was good throughout, and nourishing diet was allowed. The patient recovered.

During the pendency of this case, a negro boy, æt. about 17, (who had attended constantly upon the girl who had died,) was observed to be dull and drowsy, and complained of sore throat, which upon examination was found to be considerably inflamed and swollen, but there was no ulceration or deposit of whitish flakes; his pulse was frequent and small, though he was a boy of unusual physical vigor; the tongue was coated, bowels constipated. He was put upon the mixture potass, and quinine, and was directed to use salt and water freely as a gargle; he made use of the decoction sanguinaria also for the same purpose. silver was used. The next day, or perhaps the third day, ulcers were discovered in the throat, with the characteristic covering; there was also great tumefaction of the tonsils, with difficult deglutition, and excessive flow of saliva, and the boy was evidently greatly worse. A solution of nitrate silver was freely used, and the former treatment persevered During the night the gentleman himself—who was the only remaining member of the family—feeling great uneasiness in his throat, became alarmed, and while I was at the breakfast table next morning, his brother called on me with a note expressive of great concern and requesting me to bring Dr. Pope out with me. Upon our arrival we found the gentleman decidedly more scared than hurt. was indeed no cause for alarm, and he was simply ordered to use the mixture as before mentioned, and no further medication was required. The negro boy's throat was much ulcerated, and Dr. Pope discovered some effusion of The treatment was approved and continued. lymph. There was but little change in him for a day or two, except that the neck became swollen externally and the effort to swallow—as in the case of the negro girl—caused great pain in the ears. The outside of the neck was painted with tinct. iodine, which was directed to be applied occasionally until slight burning was produced; and, upon visiting him

one morning, I was surprised to find the whole anterior and lateral portions of the neck blistered, and upon one side there was a large accumulation of serum, which was discharged by clipping. No inconvenience followed the blister, but the throat rapidly improved from that time; improvement, however, was apparent before this period.

While the lady was sick she was several times visited by the wife and sister in-law of Dr. Helms. The Doctor informs me they were both attacked with sore throat, both in a mild degree, but attended with unusual debility. In one case, for several days there was an exudation and a thin membranous deposit, which, when removed, left the mucous membrane unkroken, but again reappeared.

It will be observed that the worst cases were confined to negroes, and that in both there was great tendency toward ulceration and sloughing. Dr. Helms has suggested to me that this is more likely to be the case in the negro; whether it be true or not, I am not prepared to say.

Remarks.—Upon a resume of these cases, I would remark, if there were any striking peculiarities, they consisted in the very early symptoms of debility, and the excessive pain in the ears upon attempting to swallow, which last symptom was present in two cases. In the treatment there is nothing new; it is such as is recommended in some of the European journals, except perhaps the use of iodine externallywhich was suggested upon general principles-and the sanguinaria as a gargle, which was a domestic remedy. I would here remark, Messrs. Editors, that regarding this disease as having its origin in some materies morbi in the blood, and the disease of the throat being only a local manifestation, I do not place much reliance in topical applications, and especially when applied with a probang, which I repudiate. Having heard that diptheria was prevailing with great malignancy in Lexington, Ky., before having seen any of the above cases, I wrote to one of the physicians of that city inquiring if there were any peculiar characteristics of the disease in that locality, and how far it was amenable to treatment, and what plan of treatment appeared best adapted, &c. Omitting to furnish any information upon general principles, he writes with some degree of self-glorification—though not in the most classic or Addisonian style—as follows, as to his treatment:

LEXINSTON, Sept. 29th, 1860.

Dr. S. T. Newman-Dear Sir: I received your letter a few days since, requesting my mode of treating diptheria. In reply I would say, I give the muriate of ammonia in full doses, say, to a child eight years old and upwards, 10 grs. every two hours (in solution), and ten drops of the sesquichloride of iron in the intermediate hours; and these are not to be omitted for thirty-six hours; then rest four or five hours, and give them again in like manner. Continue this treatment for four or five days according to circumstances; but at first cleanse the stomach with a gentle purgative; afterwards, if the bowels should not act, once in twentyfour hours give castor oil and ol. terebinth, oz. i. of the former to dr. i. of the latter. If the diptheric crest forms or has formed to a great extent in the throat, remove it with a fine sponge tied on a stick; the sponge should be wet with a solution of the pure nitrate of silver 40 grs. to oz. i., or the sulphas cupri scr. i. to oz. i. of water; this should be used only once a day. The cure should be completed by the use of tonics; I have found beeberine the Diet nourishing.

I have treated three hundred and thirty four eases after this method without the loss of one, and am now fully satisfied it is the proper mode of treating the disease.

Respectfully yours, &c.,

J. W. BRIGHT.

Since the receipt of the above letter, I have been shown a letter from a very intelligent merchant of that city, stating that the treatment of Dr. Bright has been *eminently* successful, and that he believes it will save ninety-nine out of a hundred, if not the whole.

Mutilation of a Child by a Homesopathic Physician.

[From the Chicago Medical Examiner.]

Observing an article in the "Chicago Medical Journal," for January, bearing the above caption, inserting midwife instead of homoeopathic physician, has led me to report the following case which come to my knowledge in the year 1855.

On the night of the 5th of May, being at Church, I was called out by an intelligent gentleman, a near neighbor of the patient, and requested to hurry on as fast as possible, with a positive injunction not to forget my obstetrical instruments, as he had been informed by the father of the patient that their use would be necessary. I inquired why such orders should be sent by a man making no pretensions to medical knowledge, and the messenger replied that they already had a physician, (a homocopath) but wanted me to hasten on and assist him out of a difficulty, from which he found it impossible to extricate himself, or save the life of patient or child.

Accordingly with my instruments, I started for the house of the patient, telling the messenger at the same time that consultations and professional etiquette with homoempathic physicians were not tolerated in our school, but in a moderate degree; and not at all by myself individually. Telling him in plain and unequivocal terms, that when I arrived, should difficulties and perplexities present themselves in the case, that either I would take the case entirely into my own hands, or leave the house and let the Homoeopath fight the affair out as best he could. When I arrived at the gate, a lady of my acquaintance met me, and said, "hurry, Doctor, I believe Mrs. D. will die!" I replied, Mrs. R., hav'nt you a physician? She said "yes, but he is good for nothing."

I went in, found Mrs. D. sitting up in bed, seemed awfully alarmed, face red, and turgid with blood. Rejoiced to see me, said "Oh! Doctor do help me, do! do!" I said Mrs. D., you have a physician, can't he give you the necessary assistance? She said, "No, I want you Dr. Nance."

This was the lady's first confinement, and her father had brought her home under the parental roof to remain until due time after her parturition. As the case had become alarming, her father, an old man of 65, had been admitted into the lyingin chamber to see his daughter, to sympathize, and if necessary, render any assistance manually to promote I say the old man sat by; and over in a corner, on a small couch, lay our Homeopath. I asked Mrs. D. and her husband if they desired me to take charge of the case; they replied in the affirmative; but the old man said he wanted "both Doctors, as the case required instrumental I told him that I was not of the same school as Dr. L., and positively refused association in the practice of medicine in any of its branches with irregular bred physicians. The old man spoke up again, and said instruments must be used. I made no reply, but Mr. D. and wife, said, "We want you." This was enough. I immediately made an examination, found the head presenting in its first presentation, os uteri fully two-thirds dilated, and the head about engaging in the inferior straight; parts rigid, pains frequent, hard, but ineffectual. Observed some peculiarity about the scalp of the child which I could not account for. Inquired of the Homeopath (as he still reposed upon his couch in a wakeful sleep watching me) what could be the difficulty with the scalp; but he would make no reply. I told the ladies present, husband, and patient, that instruments were not required, but that in a short time by prudent management, I hoped she would be safely delivered; but I supposed the child from examination, to be dead.

I ordered a bandage, as the lady was quite plethoric, pulse full and heavy; opened a vein and bled nearly to syncope; this relaxed the system. I then gave a strong decoction of Secale Cornutum pro re nata, and in an hour's time my patient was safely delivered. Child breathed feebly for fifteen minutes, but never cried. On examination, found its scalp lacerated to an awful extent; it was torn into fragments, and a strong attempt had been made to break down the cranium and extract the child in fragments, but

their obstetrical instruments were not manufactured sufficiently well to perform so grave an operation.

No one present had told me that any instrument had been used in the case; but now the matter was plain before me. I made inquiry what instrument had been used, and was told that the Homeopath and the old man had procured a large strong awl, such as is used in sewing leather, had bent it and then would hook it into the scalp, and both "pull" until the hold would give way; then try to break down the skull, but finally gave up in despair. The child undoubtedly was killed by their manipulations.

And now the matter was plain to my mind why I was urged to use instruments. Had I done so, those bruises and lacerations on the child's head would have been laid to me. As I did not I came out unscathed, and our "little pill" man was found consulting some of the first legal men in the State, fearing a suit for mal-practice would be commenced against him; or our Grand Jury would learn the facts in the case.

Suffice it to say, the patient got well, and the Homoeopath made for parts westward.

The Study of Medical Ethics.

[From the American Medical Times.]

The Code of Ethics of the American Medical Association has now been the recognised standard of medical morals in this country for nearly fourteen years. It was prepared by the wisest members of our profession, among whom we recognise the honored and trustworthy names of Drs. Bell, Hays, and Emerson, of Philadelphia; Prof. Clark, of N. Y., and Prof. Arnold of Ga. When submitted to the Convention of 1847, the Code was adopted unanimously. Since that period no one has dissented from its provisions, but every legitimate medical organization in the country has adopted it; and thus it stands as our organic medical law. This document defines with admirable simplicity and purity of language, and with the nicest appreciation of the exal-

ted spirit of scientific medicine, the duties of physicians to each other as members of a liberal profession, and the reciprocal obligations which exist between them and the individual members of society. It is, in a word, the guide to the formation of a true medical character. And yet how little is this regarded by physicians, and how few are familiar with its admirable provisions? Of the hundreds of graduates who are annually introduced to the ranks of the profession, how few are aware of even the existence of such a chart to professional excellence, much less imbued with its spirit?

There are at this time between four and five thousand medical students receiving instruction at the various colleges in this country. These young gentlemen are daily and sufficiently drilled in anatomy, physiology, chemistry, microscopy, obstetrics, and therapeutics, while they are employed far into the night in dissecting, and thus verifying upon the dead subject the text of the morning lecture. Class after class thus enters the college, is graduated with honors more or less emphatic, and joins the great procession of hygeian ministers in the world at large. It is usual, on the commencement day, for some venerable physician to address the departing graduates; to dwell upon the duties and responsibilities awaiting them in their new relations to society; to encourage them by the hope of success; to stimulate their ambition by the example of great lives which have adorned the profession; then, with a parting blessing, the young Esculapians are dismissed to their great encounter with the realities of medical practice.

Now, except in the commencement address, where accidentally it may be alluded to, we would ask whether it is usual in any of our medical schools to deliver any set lectures on Medical ethics? Is even one annually and invariably delivered to the students? We ask this for information, because we have never heard that any such dissertations were read as part of the curriculum of instruction.

Admitting this to be so, the inquiry naturally arises whether our colleges can be said to do their whole duty

towards students in fitting them to practice successfully, when they fail to instruct them in those rules of professional intercourse whose observance brings them, antecedently even to intellectual merits, the approbation of their fellowpractitioners, and on the contrary, whose violation insures them the certain and immediate reprobation and scorn of their professional brethren. If an individual wishes to rise to meritorious eminence in any profession he must, first of all things, secure to himself the sympathy and the respect of his fellow-laborers. Without that he can never permanently sustain his status among gentlemen. For, although he may rise spasmodically, and flutter in mid air awhile upon waxen wings, yet the inexorable sunlight of Truth will speedily dissolve these frail supports, and leave him to flounder among the shoals of pretenders who swarm in the lower depths of the profession.

It does not follow because a man's brain is as full of learning as Lord Bacon's, that he may not at the same time be a most unmitigated boor, whose self-conceit or selfishness lead him alike to trample upon the rights and the feelings of his professional brethren, in his insensate haste to become rich, or to gain the bubble reputation. These things are of too frequent occurrence not to have been noticed by all, and it is not difficult in any community to point out some physicians who, great enough in intellectuality, are yet moral idiots in respect to the dignity and the honor of the profession they follow. Such men, whatever their talents, their wealth, or their factitious distinctions, are still living in virtual outlawry to the canons of medical ethics, nor can the ephemeral praises of an indiscriminate press indemnify them for the lost sympathy and respect of their fellows. Pitiable indeed is the condition of that man who is shunned by his peers, whose name provokes only contempt, and who is dismissed from the thoughts as one fallen from the high estate of a Christian gentleman and an honorable man.

Let these things, in all their length, breadth, and strength of application, be taught to the young men in our medical

colleges. Let them understand that the moral side of a physician's character is quite as important as the intellectu-Nay, that in advance even of any knowledge of his intellectual capacities, the public will be favorably inclined towards him whom his fellow practitioners recommend and advance. It would take no large amount of time, nor make any serious interruption in the course of medical studies, to have one lecture a week delivered on the subject of professional ethics. There are gentlemen enough in and out of our medical faculties who would be happy to do thus much to preserve the dignity of the profession; who would be willing to instruct students in that code of medical ethics which is the basis of professional respectability. And, in particular, it will be a source of satisfaction and pride to our colleges to know that, besides making physicians, they have made men of refinement and dignity. Each faculty in its own college thus becomes a humanizer as well as an educator of young men.

In this fervent hope we now commend the subject to the earnest attention of our medical schools, not doubting that they will see in these crude suggestions the inklings of so much truth as will prompt them to incorporate in the course of their instruction some few lectures on medical ethics.

Remarkable Case of Union of the Walls of the Vagina.

[From the Cincinnati Lancet and Observer.]

On the 22d of last November, I was called to Mrs. O., wife of a young attorney, the mother of a boy nineteen months old. The lady is under-sized, light hair, fair skin, of delicate yet a sound constitution, and some would say of leuco-phlegmatic temperament. For a primipara, she had a short and easy labor; was out of bed at the end of a week, and no accident was suspected by herself or accoucheur. She was now supposed to have prolapsus uteri, having several symptoms usually attending that affliction, but the most constant and annoying one was a bearing-down pain, differing from the parturient effort only in degree.

With this information, I carried with me an assortment of pessaries, and of course tried to inform myself of the condition of the vaginal canal. But this I found an impractical undertaking. By using force enough to cause severe pain, the index finger—not a large one—was partially passed through an orifice directly under the pubic arch. The compression of the finger was so great as soon to benumb it, and its presence made the bearing down pains so severe and persistent as to render its speedy withdrawal necessary. I informed the lady and her friends, that I could learn nothing of the case by such an examination, that was satisfactory or reliable, except that the vagina was in a state of almost complete occlusion, and that, under the circumstances of the case, it was remarkable, and the first of the kind I had ever met with; that I had seen no such case on record, nor heard of one in conversation with my medical brethren. I am not here to be understood as being ignorant of the fact, that infants are sometimes born with an imperforate vagina, and that this congenital imperforation is irremedial in some cases, while in others the puncture or division of the hymen makes all right.

The friends of this lady now informed me, for the first time, that she often told them she had "grown up," and had made the discovery two weeks after the birth of her child. But they could not think her statement correct; they would not inform me, nor allow her to do so, for fear of being laughed at. Her mother concludes, if there really was a serious obstruction, the womb had fallen into the vulva and closed it—a conclusion likely to be formed by non-medical persons.

The lady was now confided to my care, to ascertain the real nature of her case, and to pursue any course that would lead to a final cure, if such was really practicable.

Notwithstanding the favorable report given of her short and easy labor, I concluded that laceration of the perineum had taken place, and the accident being unsuspected, and no attention paid to it, the process of healing had gone on in a way to distort the natural relation of the parts, and

DEC.

result in nearly closing the vulva. But the closest scrutiny detected no traces of laceration of the perineum or contiguous parts. The obstruction was caused by adhesion of the sides of the vagina, beginning at its posterior wall, on a line with the nympha, running outward and forward, leaving at the anterior only a slight orifice, as already stated, through which the urine escaped; and it is hardly necessary to add, that sexual intercourse was out of the question. I have said the adhesion inclined outward; at its termination the adhesion, externally, was at the point of union between the skin and epithelium of the labia majora. The band thus formed was two inches in length, and, when not distended, a full quarter of an inch thick.

On the 3d of December, at 10 o'clock, A. M., in the presence of Dr. Milton Dunlap, of this place, I operated, by introducing a director, pressing the band outward, and with a bistoury cutting down freely to the posterior wall of the vagina, thereby enlarging the vulva to its natural extent. After the bleeding had ceased, a pledget of lint, spread with simple cerate, was interposed between the edges of the cut surface, which now spread out on each side of the vagina more than one-half an inch in breadth. At night there was considerable swelling, pain and redness, and some fever. A cathartic at bedtime, and several doses of diaphoretics during the night, had the effect of removing most of these symptoms during the next day. The healing went on tardily. A week after the operation, menstruation set in, and continued three to four days, putting a stop to the healing process during its presence. After the mensus subsided, the lint and cerate dressing, with an occasional application of tinct. ferri muriat., led to a final cure, at this date. few weeks hence I shall take the measures to correct the precidentia uteri, which, however, are quite familiar to all physicians of experience. All care possible was taken to prevent a reunion of the divided surfaces; yet a small band was formed posteriorly, but not to an extent to embarrass the functions of the organ.

(One result of the operation I deem worthy of notice:

that is, the suspension of the bearing-down pains. The lady expressed the greatest relief from that annoyance the next day, and she is still in a great measure exempt from it.

Having no data to go on, the cause of this band uniting the opposing walls of the vagina, is left to the conjecture of the reader. I never took steps to guard against such an accident, unless there was a laceration of soft parts. No such an event ever ensued to a case of uncomplicated labor. The sides of the vagina may have in some way become raw or abraded, and being permitted to rest in juxtaposition, grew together. In this case nothing arrested the special notice of either nurse or physician. If such an accident can take place, under the circumstances of this case, the wonder is, that it is not a more common result.

On Ice-Water in the Treatment of Croup.

[From the Columbus Review of Medicine and Surgery.]

It will scarcely be necessary to offer any apology, unless on account of tardiness, for inviting the attention of the profession to the use of *ice-water* in the treatment of croup.

Fifteen years ago, I prepared an article for one of the medical journals on this subject; but seeing, about that time, in one of the newspapers, something very much like "my thunder," I concluded to remain silent. Believing, however, that very few regular practitioners have made any trials of this remedy, I propose, very briefly, to return to the subject, with the hope of, at least, eliciting some profitable discussion.

It was in January, 1843, more than seventeen years since, that I first employed cold applications, in the management of croup. During the treatment of a most violent attack, after the ordinary means had been tried without any apparent benefit, and when fairly puzzled what next to do for the relief of the little sufferer, it occurred to my mind, on placing my hand over the child's throat, that the leading indication was to subdue the burning heat, the result of local inflammatory action, and that nothing could be better

for that purpose than ice-water, applied directly over the inflamed parts. This was immediately done; and in ten or fifteen minutes a most wonderful improvement was evident. Never have I witnessed, in my whole professional experience, a more rapid and delightful change, than in this my trial of ice-water in croup.

It was but natural that so gratifying a result would lead to further trials. Up to this time, in my own practice, they must have been repeated at least two hundred times. To this may be added, that no time was lost in communicating the history of my first cases to my professional brethren of this city, all of whom, I believe, are in the habit of resorting, very confidently, to the use of cold water in all croupal affections. For my own part, I can truly say, if I were confined to a single article in the treatment of tracheitis, I would prefer cold water to all others. judicious employment, commencing before the formation of false membrane, there will be little or no danger of a fatal termination. Even when diphtheritic formations have commenced, there is no surer way of arresting their progress.

It is neither necessary nor proper, however, to confine ourselves exclusively to a single remedy. Whilst, in severe cases, our reliance is mainly on ice-water, recourse is had, as occasion requires, to ipecac, and alum, as emetics; enemata, castor-oil, or calomel, to evacuate the bowels; the warm bath, anodynes, and solution of nitras argenti.

I must here enter my solemn protest against the frequent repetition of antimonial emetics. They have doubtless been the cause of many a death among young children. Even a single emetic of tartarized antimony, or its long continued use as a nauseant, in delicate infants, with an irritable condition of the alimentary canal, can never be regarded as safe or judicious; and it may be laid down as a good rule to eschew and discourage all such practice. Ipecac and alum, either singly or combined, will be found equally efficacious, and infinitely safer.

In applying the remedy under consideration, we use folds

of muslin or linen, large enough to cover the whole throat and upper part of the sternum. The wet cloth, wrung just enough to prevent dripping, ought to be well covered with several thicknesses of dry flannel, and then both should be secured with a small handkerchief.

When we wish to have the applications very cold, it is best to have two wet cloths, using them alternately, as fast as they become warm. The course should be continued till the disease is thoroughly subdued. When treatment is commenced early a few hours may suffice; in neglected cases, several days are sometimes required.

In some cases, water fresh from the well or cistern will be sufficiently cold; but as a general rule the preference should be given to ice-water.

CASE OF VICARIOUS MENSTRUATION.—A German girl, aged 20, had never menstruated normally; but an ulcer on the inner anterior portion of each tibia would break and bleed freely each month, quite regularly, since she was 14 years of age. She had spent much of this time under the care of physicians, both in this country and in Germany; had tried changes of air, diet, associations and traveling, both by sea and land, besides medication, but all to no purpose. Dr. McLaury found her, in August, 1859, suffering from periodic pains, for the correction of which he gave five grains of the iodide of potassa, with extract of conium. For the menstrual derangement, the ordinary pill of aloes and iron, one night and morning. The bowels moving too freely, after three days but one pill a day was ordered. In just eight days from the time she commenced this treatment, she had the first normal menstruation; and the catamenia continued regular ever since, while the sores on the legs healed completely.—N. Y. Med. Press.

EDITORIAL AND MISCELLANY.

VALEDICTORY.

Eight months ago, actuated by the belief that the improving state of knowledge in the medical ranks of this portion of the South demanded an increase of literature adapted to the promotion of the science, we began the publication of the Encyclopedia with a list of subscribers (credit ones, mostly,) sufficiently large, had they responded, to sustain our enterprise through its first volume. We entered upon the duties of editors independent of sect, school, or society, and so continued enjoying these sovereign rights until a proposition was tendered us from the Middle Georgia Medical College to make our journal the organ of that We acquiesced in the terms offered us; but the history of the connection is brief. The faculty failed, in any sense, to comply with the agreement, and we have moved on without their aid until now, when, demanded, as we consider, by the circumstances which surround us—the great pecuniary pressure of the times, and the consequent inability on the part of our subscribers to assist us in meeting the demands necessary to the existence of a periodical of the nature of ours-we reluctantly suspend its publica-The lesson we have learned will, perhaps, compensate us for the trouble and expense our brief editorial career entailed upon us.

While observation has convinced us that there are those in our profession acquiring what we cannot term an honest livelihood; whose education fits them for no higher intellectual enjoyment than that derived from an insipid novel or a ludicrous story, there is a class that reads a medical journal because of its being the organ of some favorite school or sect. Those who truly appreciate medical literature form a moiety of the profession.

Tendering our gratitude to the friends who have manifested an interest in our enterprise, and who have given

their aid to its support, with the firmest wishes for their success, and the success of all true lovers of science, we bid them an affectionate adieu.

Remarkable Precocity.

We, at all times, consider ourselves indebted to those of our readers who, in handsome and candid terms, point out errors which must unavoidably be found in a publication even no more multifarious in composition than a medical journal like ours. By saying this we do not desire or expect to be exculpated from criticism, or absolved from gross misrepresentations by those whom we have reason to believe would rejoice over the downfall of our enterprise. When such errors are pointed out we shall offer nothing in extenuation, but plead guilty. A soi disant doctor—a toothpuller by trade—burrowing in the town of T-n, Georgia, remarkable for his attainments in the healing art-all acquired during his six weeks' attendance upon medical lectures in one of our Southern Colleges-claims our sincerest gratitude (commiseration) for the solicitude he has manifested for the proper conduct of our journal, and for the liberality (?)—a sure characteristic of a gentleman and a scholar, both of which, however, he has yet to prove himself to be-he has shown us in not exposing the many errors his profound erudition enabled him to discover, thereby giving greater prominence to his magnanimity in allowing us to continue to exist.

We cannot in return make him a more agreeable compliment, than by assuring him that we have thus deviated from our usual conduct to evince our respect for a character so truly respectable and amiable (?). Less learning, with a little more effrontery and canting, would likely bring him sooner before the public in the only capacity—that of a mountebank—in which it is possible for him to do justice to himself.

Diptheritis.

This disease has not, that we are aware of, as yet made its appearance in any of the Southern States or Republics, but is still quite prevalent in many of the Northern and Western States, assuming in most cases a grave importance. Dr. J. W. Smith, of Wellington, Ohio, writes in the Cincinnati Lancet & Observer, that in a country practice of not immoderate extent, he has been called upon to treat probably one hundred and fifty cases within the last four months. We publish in the present number of our journal two articles upon this subject from members of the profession who have seen enough of the disease, we doubt not, to enable them to draw correct conclusions as regards its pathology and treatment. However, on some points contradictory views are entertained, as will be readily perceived by perusing their essays. Yet this contrariety of judgment here is no new thing, as we have observed it in many instances in articles upon the subject wherein opinions have been interchanged since the first appearance of the disease. why this discrepancy of opinion? Are we to doubt the correctness of the great principles of our science, or impeach the veracity of reporters? We should do neither, but rather attribute these apparently contradictory results to epidemical and local influences -a due observance to which influences we hold to be of the utmost importance to the practitioner, not only in the treatment of diptheritis, but even in our most common diseases.

WHILE we consider ourselves highly honored by the communication of our esteemed friend upon the subject of "Education and Politics," we dare not publish it, for more reasons than our want of desire to embark on the turbulent ocean of political discussion. Subjects relating to medicine alone are submitted to our readers. While they interest us most, they seem best calculated for the tastes of the majority of those who honor the *Encyclopedia* with their perusal.

MEDICINE AND POLITICS.—The events that have recently transpired in the political world have made our journal to many of its cotemporaries a foreign exchange. Difference of political opinions relating to that hackneyed theme, "Liberty and Equality," which is held out by many as the utmost point of political wisdom, will doubtless prove a fatal source of discord in our medical schools and associations, as fraternization is out of the question so long as that feeling of hostility is engendered between the North and the South by political agitators. Whether medicine is to materially or otherwise suffer by the disruption, remains for time to disclose.

A QUACK ADVERTISEMENT.—The New York Tribune states that it is to receive over \$31,000 for one year's insertion of a quack advertisement in its daily, semi-weekly and weekly issues. It states that this will prove a profitable investment to the advertiser, in which case this enormous sum of money will of course be drawn from the readers of that paper and be paid back to the quack for his worthless preparation.—American Medical Times.

LOOPED WIRE IN THE REMOVAL OF FOREIGN BODIES FROM THE AIR PASSAGES.—Dr. J. J. Tomson, of Davenport, Iowa, reports in the American Medical Times his success in removing foreign bodies from the air passages by means of a looped wire. He calls the attention of the profession to the instrument as being simple, cheap and harmless, and believes it will succeed in some cases where nothing else will.

THE "Elberfeld Gazette" states that in Prussia in a population of 17,793,913 souls there are 358 district physicians; 4,327 having their grades; 996 surgeons first class, and 643 second class; 1,026 veterinary surgeons; 1,529 apothecaries, and 11,411 midwives.

USE OF THE SPONGE TENT IN STERILITY.—M. Pleisfer mentions in L'Union Medicale, that Prof. Stoltz, of Strasbourg, succeeded in removing sterility in the case of a healthy childless couple who had been married four years. On examination, the cervix was found extremely narrow and very rigid. The use of tents of prepared sponge for a month or six weeks, with an occasional warm bath of an hour's duration, was advised; and the lady became pregnant two months after beginning the treatment. She was eventually delivered of a healthy boy. This procedure seems to M. Pleisfer preferable to the division of the cervix as advised by Dr. Simpson, especially where the patient objects to the use of the knife.

A NEW WORK BY PROF. GROSS.—Prof. Gross announces that he is engaged upon a systematic treatise on the Injuries and Surgical Diseases of the Scalp, Skull and Brain and its Membranes; and he asks the co-operation of the profession in furnishing him "such cases and practical reflections as may have arisen in the course of their experience."—American Medical Times.

NEW MEDICAL JOURNAL.—Number one, volume I. of a journal called Berkshire Medical Journal, has been received. It is a monthly of 48 pages, published at Pittsfield, Mass., edited by Drs. Thayer and Stiles, and furnished to subscribers at \$2.00 a year. The number received is occupied almost entirely by a paper on the all-engrossing subject, diptheria, by one of its editors.

DISINFECTING FLUID.—A solution compound of one part of chloride of lime to six or eight of water is recommended by M. Hervieux, of Paris, as a disinfecting fluid for sloughing wounds. He advises that a sponge moistened in the solution be kept on the wound by means of a loose roller. The sponge to be changed three or four times a day.

HOMEOPATHY AT A DISCOUNT.—We see it stated that, at the opening of the session in one of the homeopathic colleges recently chartered, it was found that only three! students were in attendance, and neither of them was prepared to pay any fees! Whereupon the faculty dissolved, the dose being too infinitesimal, notwithstanding their master, the illustrious Hahnemann, declares that it is "impossible that the dose can be too small."—American Medical Gazette.

STILL THEY COME.—The first number of the Baltimore Journal of Medicine has been received. It is a bi-monthly conducted by Dr. Edward Warren.

Dr. E. S. Cooper, of San Francisco, California, reports the successful removal of an ovarian tumor weighing eighteen pounds.

VIOLENT VOMITING CURED BY STARCH, BY DR. LEH-MAN.—This was given to a lady twenty-nine years of age, who in early life suffered with cramps, and at puberty they assumed an hysterical form. After all sorts of remedies had proved fruitless for months, the patient retained a small quantity of starch boiled in water. In the first two days the vomiting was but slight; on the third day he added raspberry syrup, on the sixth day adding milk, and on the ninth the yolk of an egg. Vomiting ceased for several days, only occasionally coming on afterwards, and then, never after eating; on the twelfth day mashed potatoes were given, which were digested; after three weeks she ate white bread, and in six weeks could take meat. The cure was complete.—Journal of Medicine.

Close upon the heels of diptheria, infantile paralysis has made its appearance in some sections.

THE YEARLY RIPENING OF OVA is maintained by Dr. Mattei, (Gaz. des Hop., 22, 1859,) in opposition to the theory of monthly maturation concurrently with menstruation. He believes that for each ovary only one annual ripening takes place. The months from January to April are especially favorable to this maturation. Its symptoms come on at times very gently, at others they are very painful. general appearances are: alteration of the voice, sleeplessness, at times neuralgia, prostration, vomiting, frequently palpitation, cough, hoarseness, without material changes in the breasts. The local symptoms consist in a sensation of weight or pain in the abdomen, from the sacrum to the thighs, and especially pains in that side of the pelvis where the lymphatic glands are swollen and tender. There is also heat and excitement of the external genitals. struction is disturbed, frequently more scanty than usual, seldom more profuse; it comes on earlier, attended with At times leucorrhœa, diarrhœa, dysuria, sympathetic symptoms in the breasts, pains in the ovarian region, nausea, even hysterical cramps; hæmatocele, phlegmone, These symptoms may last for four, twelve, or twenty-eight days, and then disappear, or pass into symptoms of pregnancy or false conception. The interval between the ripening of the ova in two ovaries varies from four days to five months.—Brit. and For. Med. Chir. Review.

Winchester's Genuine Preparation

HYPOPHOSPHITES,

THE SPECIFIC REMEDY FOR CONSUMPTION.

DO YOU KNOW IT?

Consumption has hitherto, in allages, been regarded as an incurable malady. It has defied every effort of the Healing Art to control its progress, or to subdue its ravages. It occupies the first place in the causes of mortality. "One-sixth of the whole human race," says Dr. Churchill, "and more than one-half of all the adult population of most civilized communities, perish by this disease."

"The CURE of CONSUMPTION, even in the second and third stages, [at a period, therefore, when there can be no doubt as to the nature of the disease,] IS THE RULE, while DEATH IS THE EXCEPTION."—Dr. Church-

ill, to the Imperial Academy of Sciences, Paris.

DR. CHURCHILL'S NEW TREATMENT.

"Consumption is a general disease, depending upon the deficiency, or undue waste, of the Oxydizable Phosphorous, normally existing in the economy, waste, of the Oxydizable Phosphorons, normally existing in the economy, hence, the Specific Remedy for the disease consists in supplying the deficient element, by the administration of a preparation of phosphorons, which is at once assimilable and oxydizable. The Hypophosphites of Lime and Soda possess both these qualities in the highest degree. * * Consumption will be Prevented by taking care to keep the system supplied with a due amount of the phosphoric element. * * If, on the earliest appearance of the signs of Consumption, the patient takes daily about ten grains of the Hypophosphites, will usually see them all discovering a prior various from a few weeks. he will, usually, see them all disappear in a period varying from a few weeks to a few months; and by continuing the occasional use of the Remedy, he will speedily find himself in the enjoyment of such health as he, perhaps, had never known in his life before."—Dr. Churchill's Letters.

THE HYPOPHOSPHITES

Not only act with promptness and certainty in every stage of tubercular disease, even of the acute kind, called "Galloping Consumption," but also with invariable efficacy in all derangements of the Nervous and Blood systems, such as Nervous Prostration, General Debility, Asthma, Paralysis, Scrolula, Chronic Bronchitis, Marasmus, Rickets, (in children), Anemia, Chlorosis, Wasting, impaired nutrition, impoverished blood, and all morbid conditions of the system, dependent on deficiency of vital force. Their action is two-fold and spetting. cific; on the one hand, increasing the principle which constitutes Nervous Energy, and on the other are the most powerful Blood-Generating agents known.

The effect of this Remedy upon the tubercular condition is immediate, all the general symptoms disappearing with a rapidity that is really marvelous. The physiological effects of the Hypophosphites are shown by an increase of The physiological exects of the hypophosphies are shown by an increase of nervous power, sometimes even from the first day of their administration, together with an unusual feeling of comfort and strength. The nervous symptoms, if there have been any, disappear, as well as the functional derangelments. The appetite increases, often in an extraordinary manner. The evacuations become regular and more abundant; the perspirations, if they have existed, cease; sleep becomes calm and profoun J.

RECENT MEDICAL TESTIMONY.

I have prescribed and recommended your Preparations to more than three hundred patients. * * No medicine I have ever used, in the treatment of pulmonary diseases, has produced anything like the same favorable results as the Hypophosphites. * * After the use of this remedy for a few days, there takes place a general improvement in all the symptoms; the cough grows easy, the night sweats cease; the diarrhea is checked; the appetite improves; and there follows an increase of flesh and strength, and a healthful vivacity and cheerfulness of s. irits, which I have never seen any other medicine produce.

—R. H. Harrison, M. D., Port Richmond, N. Y.

I have used "Winchester's Hypophosphites" in Phthisis, Anemia, and Chlorosis, with marked success, curing a case of Consumption, where Tubercles no doubt existed in the second stage of development. I cured a case of Chlorosis.

rosis at once, and several cases of Anemia, where great debility existed.—Ira

Tokis at once, and several cases of Abelia, where great decrify cases.

Barrows, M. D., Providence, R. I.

I have prescribed Winchester's Hypophosphites in some forty or fifty cases of Consumption, Chlorosis, Dyspepsia, Marasmus, &c., with the happiest results, having found them superior to all others.—Samuel H. Tarkesbury, M. D., Physician to the U. S. Marine Hospital, Portland, Me.

IMPORTANT CAUTION.

The extraordinary success of "Winchester's Genuine Preparations" of the Hypophosphites has stimulated the most Wicked Frauds upon the suffering Hypophose hites has stimulated the most Wicked Frauds upon the suffering public, by a certain class of apothecaries, who are offering their own worthless preparatious, under the false pretense that they are. "just as good" as mine. The country is also flooded with humbug circulars, pamphlets, papers, &c., by unscrupulous persons, offering Bogus Remedies, under the swindling pretense that they are Dr. Churchill's. I hereby CAUTION THE PUBLIC to be on their guard against all these lying devices to rob them of their money and their health. ** Write for Dr. Churchill's Treatise on Consumption, and for may General Circular, which embody the only authentic information in regard to the new treatment; and also reports from eminent physicians throughout to the new treatment; and also reports from eminent physicians throughout the United States and Europe, giving the results in many thousands of cases. Sent Free to all inquirers, prepaid.

"WINCHESTER'S GENUINE PREPARARION"

Is the only reliable form of the Hypopnosphites [made from the original formula.] It is put up in 7 and 16-oz. Bottles, at \$1 and \$2 each. Three large or Six Small, for \$5. USE NO OTHER.

Do not confound this Remedy with the so-called "Phosphates or Chemical Food;" avoid all preparations containing Iron, which is dangerous, and Cod-Liver Oil, which is useless. Remember that Dr. Churchill says: "No Drug or other Medicine should be combined with the Hypophosphites, or taken at the same time."

For sale by most of the respectable druggists throughout the United States and British Provinces, and by

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